

BREAKING CYCLES OF VIOLENCE, ONE WAVE AT A TIME: A FORMATIVE
EVALUATION OF THE WAVES FOR CHANGE SURF THERAPY PROGRAMME

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COMPULSORY DECLARATION:

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works of other people has been attributed, cited and referenced.

Signature:

Date: 2015/12/15

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EXECUTIVE SUMMARY

This dissertation was a formative evaluation of the Waves for Change Surf Therapy Programme, and included both a process evaluation and an outcome evaluation.

Waves for Change used surfing as a means of engaging children and adolescents thought to be at risk of long-term social exclusion. This engagement was necessary in order to deliver a psychosocial curriculum. Waves for Change aimed to use this curriculum to enhance psychosocial wellbeing and reduce antisocial behaviour, and association with antisocial peers.

The programme theory of Waves for Change was developed over time by programme stakeholders, in collaboration with the evaluator. A rapid evidence assessment was conducted in order to determine what works in sport for development programmes that aim to enhance psychosocial wellbeing in at-risk children and adolescents.

For children who develop in a community that is exposed to violence, development and wellbeing are hampered. The evidence of the rapid evidence assessment suggests that coaches must be able to use their common ground with children, in combination with highly developed soft-skill, to build healthy relationships. These relationships then become a medium of social learning and positive development. Surfing may assist this process by providing children with a challenging individual-based task to master – and an opportunity to master themselves.

Using this theoretical background, the evaluation generated 5 evaluation questions concerned with whether the programme was capable of enhancing psychosocial wellbeing, and reducing antisocial behaviour and association with antisocial peers. Further, the evaluation wished to determine whether the programme was correctly targeted, and delivered with fidelity.

The programme was found to be suitably targeted, but delivery of the programme was not achieved with fidelity to the programme design. There were a number of reasons for this, including inadequate completion of programme tasks by coaches, and inadequate attendance by children and adolescents. The result was that children and adolescents received less than half of the psychosocial curriculum, and did not show a change on the outcomes of interest. However, this evaluation suggested that the programme is feasible, pending improvements.

Recommendations are made, suggesting improved organisational support for coaches, improved transportation and activities for children, and alterations to the monitoring and evaluation system in order to detect programme effects – particularly behavioural change.

LIST OF ABBREVIATIONS

ITT = Intention to Treat

RCT = Randomised Control Trial

SAHA = Social and Health Assessment Scales

SDQ = Strengths and Difficulties Questionnaire

TESI = Traumatic Events Screening Inventory

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CHAPTER ONE

INTRODUCTION

Waves for Change is a surfing-based organisation that delivers a range of services in impoverished communities in Cape Town, in South Africa. Waves for Change endeavours to reduce the potential long-term social exclusion of children and adolescents that may occur due to their antisocial behaviour. The aim of this dissertation is to evaluate the feasibility of the Waves for Change Surf Therapy programme – Waves for Change's core service. This dissertation will make recommendations in order to improve programming and inform future evaluation activities.

This chapter presents a detailed description of the Waves for Change Surf Therapy programme, a presentation of the programme theory, an assessment of plausibility, and a presentation of evaluation questions that will be addressed throughout this evaluation. The chapter commences with a brief overview of children's exposure to violence – a significant problem in South Africa (Ward, Dawes, & Matzopoulos, 2013).

Violence Exposure

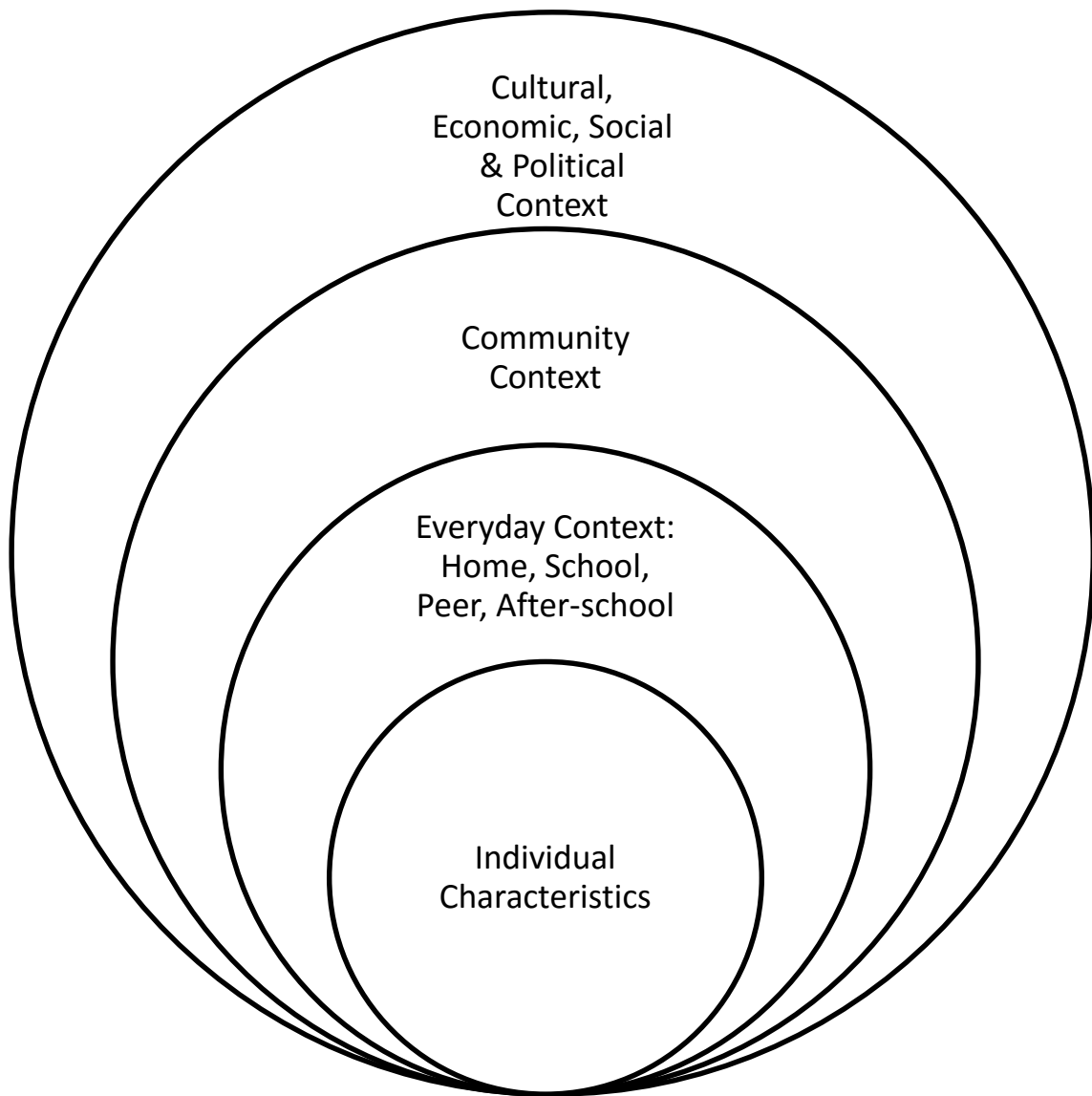
South Africa is a country confronted with exceptional community disruption (Ward et al., 2013). The roots of this stretch across a span of centuries. Slavery and colonisation were once sources of community disruption. Later, apartheid reconstructed communities in ways that maintained community disruption. Legislation, like the Group Areas Act (Act No. 36, 1966), forced the removal of non-whites to undesirable areas, and selectively excluded many communities from receiving essential services necessary for the promotion of safety and security (Ward et al., 2013). This extended period of displacement, and lack of essential services, disrupted family and community life in ways that are still undeniably present. Unemployment, school drop-out, gangs, substance abuse, disease, and lack of resources, are still common features of these communities (Ward et al., 2013). Violence also remains a common occurrence - especially violence perpetrated by, and directed at, children and adolescents.

A significant number of children and adolescents who live in these communities are exposed to violence in their homes, schools and neighbourhoods (Ward et al., 2013). One of

these communities is Khayelitsha, in Cape Town. Evidence from this community, in 1997, suggested that 56% of children between the age of 10 and 16 had been victims of violence, and 45% had seen someone killed in their neighbourhood (Ensink, Robertson, Zissis, & Leger, 1997). More recently, a representative school-based survey in South African communities suggested that 68% of adolescents had witnessed violence intended to harm someone (Burton & Leoschut, 2013). A similar representative school-based survey in South Africa found that 70% of primary school learners had experienced violence in their schools (Burton, 2008). Most recently, the Optimus study – a representative study of child maltreatment in South Africa – found that 23% of adolescents between the ages of 15 and 17 experienced violence at home, directed at them, another adult, or one of their siblings (UBS Optimus Foundation, 2015). The ecological perspective illustrates the influence of this environment by presenting South African children and adolescents within a set of nested contexts – see figure 1. These contexts most commonly interact with children and adolescents at the individual, family, and community levels (Loeber et al., 1993). These produce a complex interaction between risk factors and protective factors that are suggested to inform the amount of risk that a child is exposed to, and contribute to the development of enduring antisocial behaviour. Many of these children are at-risk of long-term social exclusion due to this behaviour (Hawkins et al., 2000; Moffitt, 1993).

Individual predictors of serious antisocial behaviour include impulsive behaviour, gender, age, substance abuse, victimisation of the child, and inability to feel guilt (Ward et al., 2013). Impulsive behaviour is often established before birth and in early childhood, due to the neurological impact of malnutrition, antenatal anxiety, antenatal alcohol abuse, and antenatal abuse of illicit drugs (Hook, 2006; O'Connor, Heron, Golding, Beveridge, & Glover, 2002; Parry, Myer, & Pluddeman, 2004; Rutter, Kim-Cohen, & Maughan, 2006; Viljoen et al., 2005).

The effects of gender emerge later, and form part of childhood gender socialisation (Anderson & Bushman, 2002). Gender socialisation is suggested to predict whether a child internalises or externalises their problems, and thus, whether they are more likely to experience things like anxiety and withdrawal, or externalise their problems by being aggressive and fighting with others.



*Figure 1. A multilevel model of risk factors for antisocial behaviour. Adapted from *Youth Violence: Sources and Solutions in South Africa* (p. 2), by C. L. Ward, A. van der Merwe, and A. Dawes, 2013, Cape Town, SA: UCT Press.*

Antenatal events and early socialisation events may then encourage children and adolescents to enter contexts where they use substances and where they experience abuse (Hawkins et al., 2000; Loeber et al., 1993; Ward et al., 2013).

Being the victim of antisocial behaviour and abuse may then cause children and adolescents to model their behaviour on those who abuse them, and may cause children and adolescents to approve of using antisocial behaviour as a strategy for navigating their lives (Hawkins et al., 2000; Shahinfar, Kupersmidt, & Matz, 2001).

For those who begin engaging with these antisocial behaviours in middle childhood and adolescence, there is a significant risk that they will develop life-course persistent antisocial behaviour – even in the absence of precipitating neurological injury – and continue the cycle of violence and community disruption (Fairchild, Goozen, Calder, & Goodyer, 2013; Hawkins et al., 2000; Moffitt, 1993).

This evidence is especially pertinent to the present evaluation, as it represents the population of interest. What follows is a description of the Waves for Change Surf Therapy programme.

Programme Description

The Waves for Change Surf Therapy programme took shape at Muizenberg beach in Cape Town, South Africa. In 2011, Waves for Change was established under the non-profit organisation, Isiqalo, by Tim Conibear, Apish Tshetsha and Bongani Ndlovu (Isiqalo, 2012). At the time of its launch, Waves for Change operated from a single site in Masiphumelele as an HIV/AIDS prevention programme (Isiqalo, 2012). During this time, Waves for Change formalised some of its programmes and processes. In 2012, Waves for Change expanded to a second site in Khayelitsha and altered its programme goals away from HIV/AIDS education, to the enhancement of psychosocial wellbeing (Isiqalo, 2012). New programme content was developed, and both of these sites piloted the delivery of the Waves for Change Surf Therapy programme in 2014. In 2015, Waves for Change expanded from Masiphumelele and Khayelitsha, to include a third site in Lavender Hill. The Surf Therapy programme has begun to formalise its curriculum and direct its intake of beneficiaries to a number of schools, and programme centres (Waves for Change, 2015).

Goals

Waves for Change has three primary goals. These are:

- The provision of Surf Therapy to children and adolescents deemed at risk of social exclusion due to their antisocial behaviour.
- The reduction of social exclusion due to antisocial behaviour.
- The development of social services through community development.

Objectives

Waves for Change has three primary objectives. These are:

- The creation of safe spaces, accessible to at-risk children and adolescents, after school hours.
- To help at-risk children and adolescents develop the competencies they need to understand and cope with high-risk community environments.
- To create networks that support at-risk children and adolescents form prosocial goals and values that drive prosocial choices.

Outcomes

The primary outcomes are that beneficiaries should:

- Develop enhanced psychosocial wellbeing;
- Show reduced antisocial behaviour and association with antisocial peers.

Primary and Secondary Beneficiaries

The primary beneficiaries of the Waves for Change Surf Therapy programme are at-risk children and adolescents from schools in Masiphumelele, Khayelitsha and Lavender Hill between the ages of 8 and 16. These primary beneficiaries are deemed to be at-risk of long term social exclusion due to their antisocial behaviour, and are suggested to benefit by experiencing enhanced psychosocial wellbeing and reduced antisocial behaviour and association with antisocial peers. The secondary beneficiaries are the Coaches who are trained to deliver the Waves for Change Surf Therapy programme to at-risk youth and adolescents, the teachers and

principals who refer the children and adolescents to the programme, and the parents or primary caregivers who live with the children and adolescents. Teachers, school principals and parents or primary caregivers are suggested to benefit by having more manageable children and adolescents under their care.

Coaches are suggested to benefit by the training and employment that they receive from Waves for Change. This benefit forms part of the Waves for Change Coach Training Programme. Please see the partnering evaluation by Rolfe (2015) on the development of this vital area of Waves for Change programming.

Referral to Waves for Change

At-risk children and adolescents are identified and referred to Waves for Change by primary school teachers – some children and adolescents also ‘walk in’ to the programme by arriving at the beach with friends, or by visiting a programme centre. Teachers receive some training in order to identify at-risk children and adolescents, although, the primary mode of identification for teachers is significant behavioural and learning problems.

Induction

After referral, programme beneficiaries go through an induction process at their school, or at one of the programme sites. During this process, programme beneficiaries receive a consent form to be completed by parents, a document detailing their rights and responsibilities, and a timetable outlining when and where they need to attend the programme. Parent or guardian contact information is also gathered for seeking consent for participation. Demographic information, such as age, grade, gender, and social grant status, are gathered for purposes of describing beneficiary backgrounds (See Appendix A). Figure 2 depicts the path through referral and induction, as well as where participants may leave the programme.

Programme Implementation

After induction, and having received consent to participate from parents or guardians, the primary beneficiaries begin programme participation. Masiphumelele and Lavender Hill beneficiaries are transported by Coaches to Muizenberg beach by car, twice per week. Khayelitsha beneficiaries, however, live within walking distance of Monwabisi beach, and are escorted by Coaches between 2 and 5 times per week.

All programme beneficiaries are offered a minimum of 2 surfing sessions per week after school, and a Psychosocial Curriculum session. The surfing sessions are delivered by Coaches, who teach beneficiaries to swim, catch waves, and stand on the board. The Psychosocial Curriculum is designed by a Child Therapist, and draws from Cognitive Behavioural Therapy and Humanistic Therapy. The Psychosocial Curriculum session is also delivered by Coaches. The curriculum is delivered at the referring school in Lavender Hill and Masiphumelele, and at the Waves for Change centre in Khayelitsha. During the second of the 2 surfing sessions, programme beneficiaries also take part in a 'teachable moment'. This is designed to facilitate practicing skills, learned from the Psychosocial Curriculum. The teachable moment is delivered by Coaches, during the surfing session, and leverages the anxiety and fear that participants feel while learning to surf. This is done in order to teach beneficiaries the application of self-management skills under unpleasant conditions. Programme beneficiaries receive a meal at the end of every session.

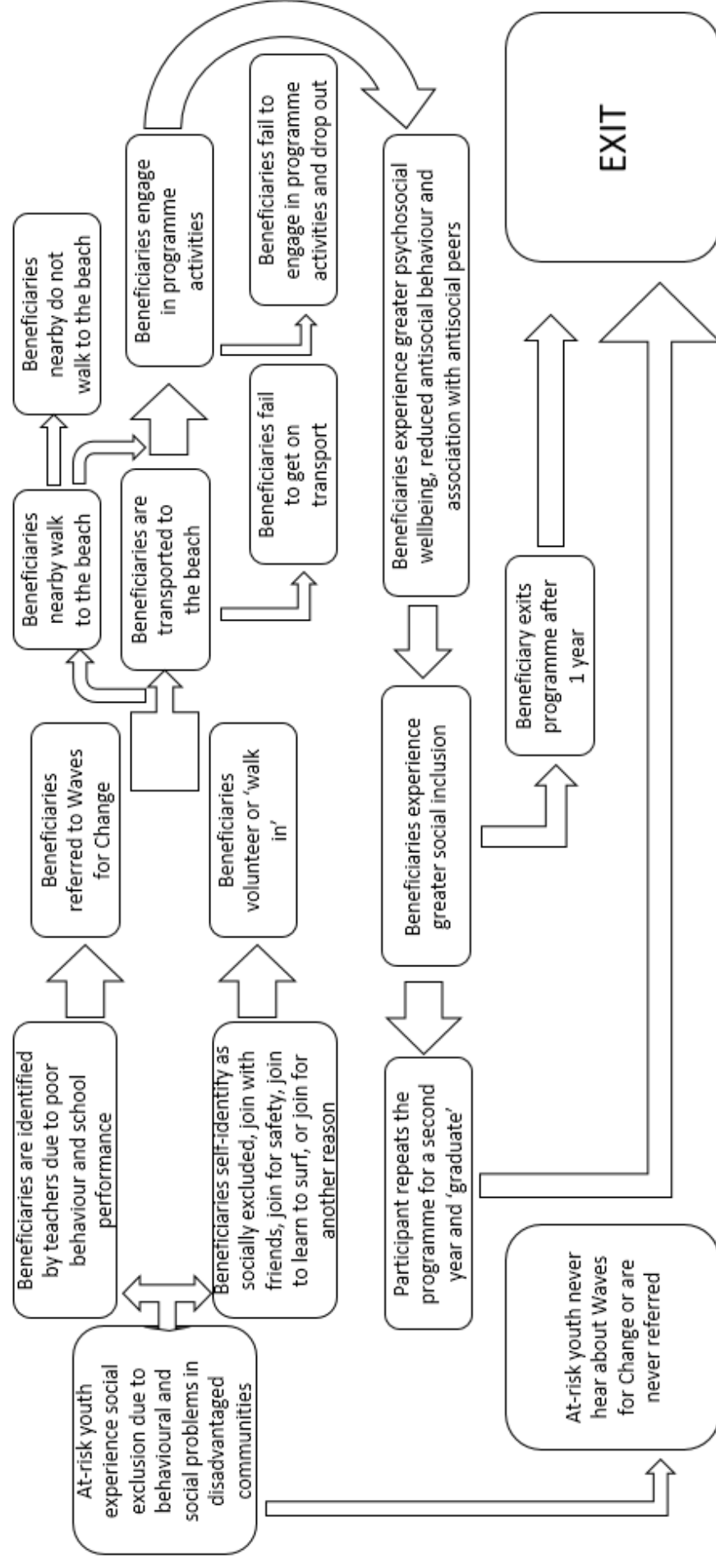


Figure 2. Service utilisation diagram depicting the sequence through which at-risk children and adolescents participate in the Waves for Change Surf Therapy programme.

Referral-teachers and primary care givers receive visits from Coaches every month in order to elicit feedback about the performance of programme beneficiaries. Coaches also answer questions and provide information about the programme. Programme participation lasts 32 weeks, spread over 1 calendar year. Programme beneficiaries are encouraged to complete the programme a second time for a total participation of 64 weeks, before graduating out of the programme. Figure 3 lists the main themes of the Waves for Change Surf Therapy psychosocial curriculum.

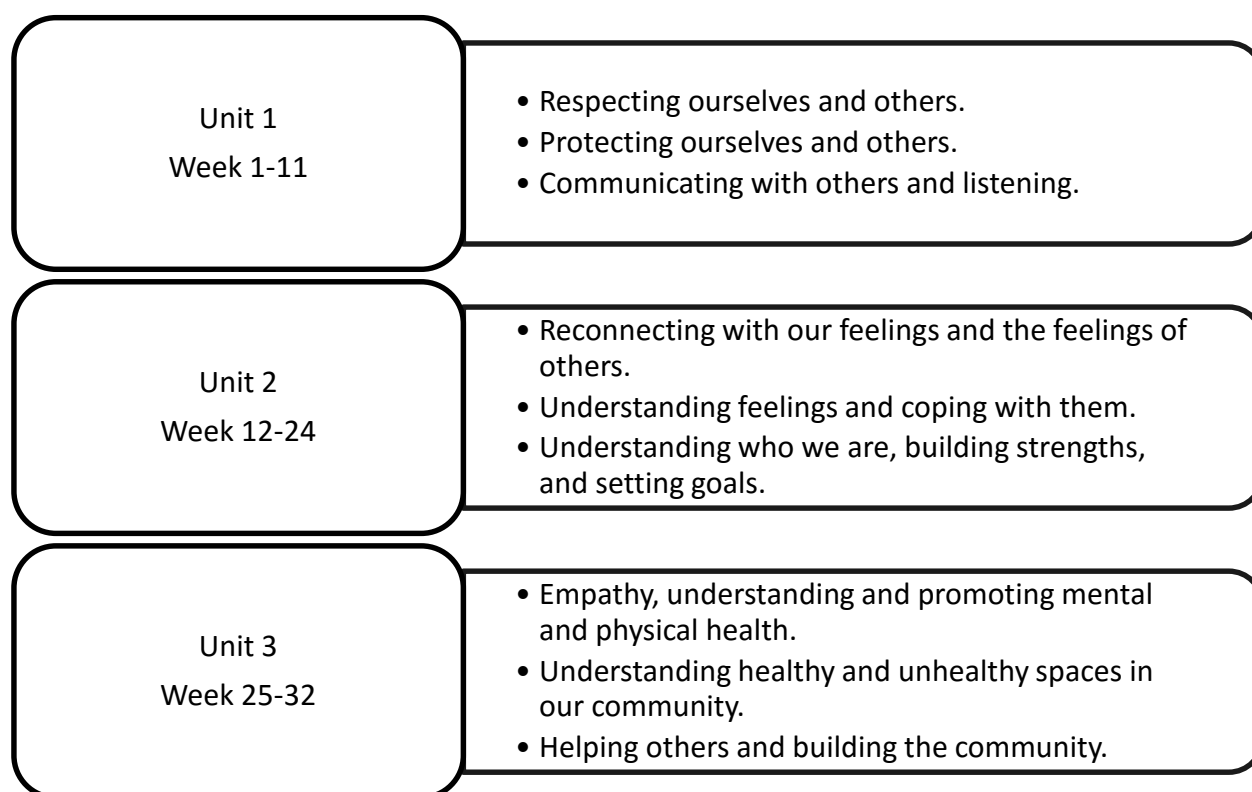


Figure 3. Curriculum themes. Adapted from “2015 Curriculum Map” by Waves for Change, 2015.

It should be noted that, although Waves for Change states that this is how the Surf Therapy programme should progress, this is a newly formalised programme – and to date, no beneficiaries have completed the 2015 curriculum, and no beneficiaries have completed it a second time.

Programme Theory

A programme's Theory of Change represents the causal assumptions that link different programme activities to the outcomes and impacts that the programme expects to achieve (Rossi, Lipsey, & Freeman, 2004). There are different ways to represent a Theory of Change – the two primary ways include a Logical Framework approach, and a Variable Oriented/Theory Driven approach. A Logical Framework attempts to represent a programme as a set of inputs, activities, outputs, and outcomes. The Logical Framework is an excellent reporting tool for monitoring and evaluation systems. However, it is poorly equipped for presenting complex programmes with multiple levels of intervention, and it can become very difficult to understand (Fujita, 2010). The Variable Oriented/Theory Driven approach is better at this, as it presents a theoretically-framed diagram of the programme – here it is represented as “Problem”, “Intervention” and “Outcome” (Rossi et al., 2004). Figure 4 represents the nested variable-oriented Theory of Change of the Waves for Change Surf Therapy programme, depicting 3 levels of intervention, but 1 primary beneficiary – the child.

Plausibility of Programme Theory

The Waves for Change Surf Therapy programme made one broad assumption in relation to its primary beneficiary:

- At-risk children and adolescents from communities with evidence of frequent violence and disruption will experience enhanced psychosocial wellbeing by participating in surfing and psychoeducation, and this will lead to reduced risk of social exclusion.

In order to find literature that could help assess these assumptions while respecting the formative nature of the evaluation, a Rapid Evidence Assessment was conducted (Ganann, Ciliska, & Thomas, 2010). The Rapid Evidence Assessment was used to take a “what works” approach that could both guide the programme, and assess its present state. This approach was used to investigate programmes designed to enhance psychosocial wellbeing, using sport and psychoeducation. The most direct approach was to search for evaluations of similar programmes that used sport-for-development with at-risk children and adolescents to enhance psychosocial wellbeing.

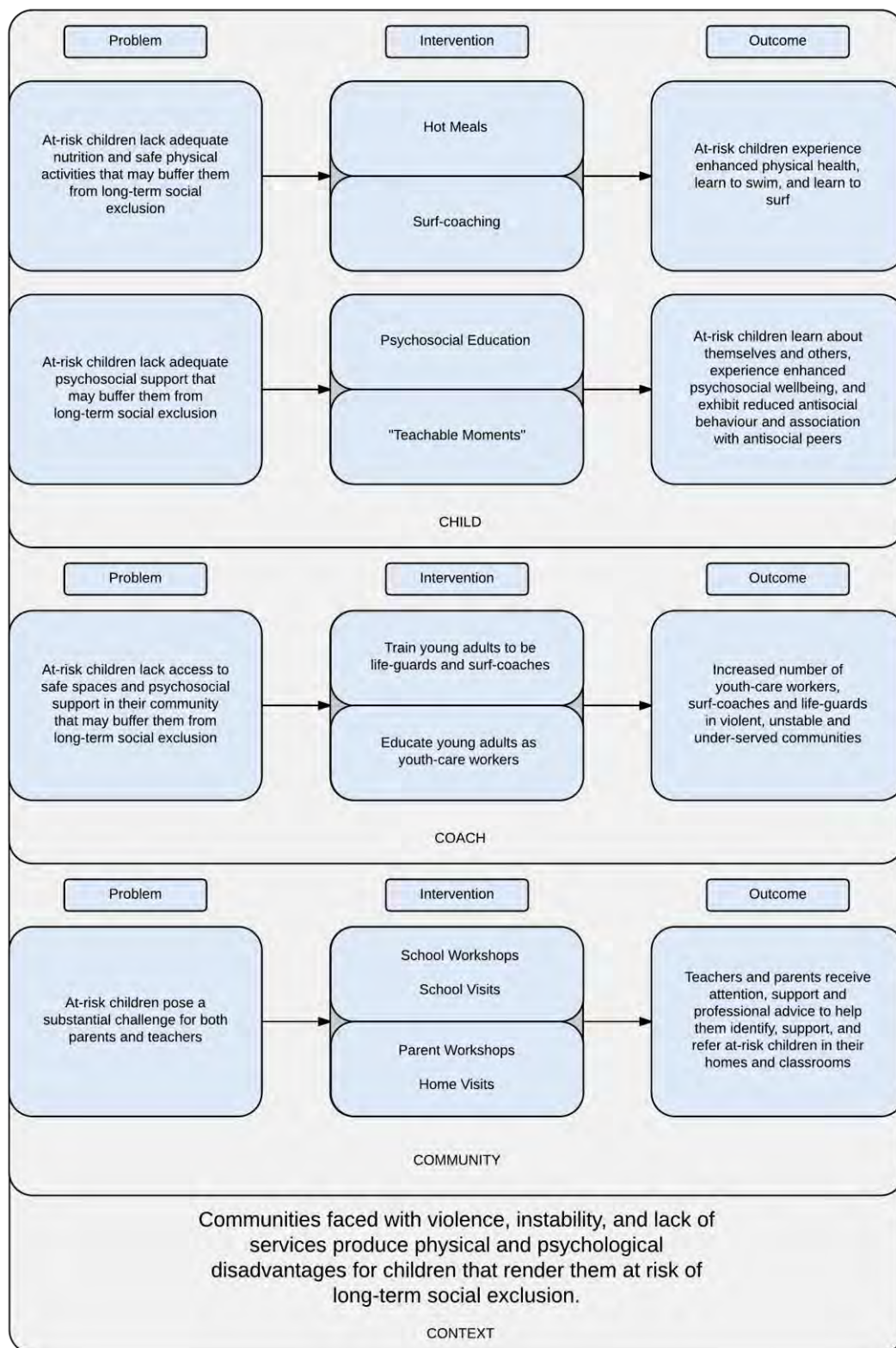


Figure 4. Variable-Oriented Theory of Change. Adapted from “W4C Outcomes Matrix” by Waves for Change, 2015.

Databases of high-quality evaluations, such as the Cochrane Library and Blueprint Programmes, did not uncover any evaluations of programmes that satisfied these three dimensions. However, one evaluation emerged as a peer-reviewed journal article. This was followed by a search of any other programme-related peer-reviewed literature that met the dimensions of sport-for-development, psychosocial wellbeing, and vulnerability.

Google Scholar was chosen as the central hub for this search, due to its ability to access a multitude of databases quickly and efficiently. Some databases commonly encountered during this search included Sage Journals, Taylor and Francis, and Science Direct. In order to gather as much relevant information related to sport-for-development, at-risk children and adolescents, and the enhancement of psychosocial wellbeing, Google Scholar was used to conduct a search for literature associated with the following key words: *sport, sport-for-development, psychosocial, well-being, at-risk, vulnerable, disaffected, youth, disadvantage, exclusion, inclusion, surfing, and ocean*. Any article that included two out of three of the following themes was selected: *sport-for-development, psychosocial well-being, at-risk/vulnerable/disaffected youth*. Key word combinations were divided into these 3 themes. All key word combinations that complied with the three themes were searched for no more than 100 articles.

Any article that included all three of the themes was subjected to a side-search that included a search for related literature and literature that had cited the article in question. This was done in order to find the most relevant articles quickly and efficiently. Beyond these articles, ‘grey’ literary sources were included. ‘Grey’ literature took the form of text books, related to both youth violence and the effects of hostile environments on the psychological functioning of vulnerable children and adolescents. Although it was not the intention of this review to do a thorough assessment of the theoretical literature, this ‘grey’ literature was vital in order to establish an evidence-informed context for the evaluation.

Rapid Evidence Assessment

For the purposes of this review, the terms ‘at-risk’, ‘vulnerable’ or ‘disaffected’ are used interchangeably. Further, these terms are used to refer to children or adolescents who live in dangerous or impoverished communities and who lack skills needed to help them become ‘productive’ members of society outside of these contexts. Additionally, for the purposes of this review, social and emotional wellbeing/psychosocial wellbeing is an inclusive term used to refer to relationships, feelings, behaviours, and goals necessary for good health and wellbeing (Lubans, Plotnikoff, & Lubans, 2012).

Sport-for-Development: Engagement and Safety

Many sport-for-development initiatives in South Africa fall under a category of sport programmes called sport-plus interventions (Kidd, 2008). Sport-plus interventions seek to use sport as a means to deliver a service that is not inherently sport-related (Coalter, 2009). There are a number of basics that should be present for any sport-for-development initiative to be effective.

A sport-for-development programme cannot have an impact if it fails to engage disaffected children and adolescents and maintain their engagement. Evidence suggests that in order to engage children and adolescents in a sport-for-development programme, participation should be voluntary (Haudenhuyse, Theeboom, & Coalter, 2012). At-risk children and adolescents who are coerced into attending a programme typically do not benefit as much from participation (Haudenhuyse et al., 2012).

Second, the sport should be challenging and require some degree of mastery. Sports that are quickly mastered soon lose the interest of participants (Lubans et al., 2012). Third, the sport should allow positive engagement with role models who connect with the children and adolescents. This allows for the children and adolescents to experience social interaction that is pleasant, rather than social interaction that is antisocial, violent, or autocratic (Haudenhuyse et al., 2012). Finally, the sport should allow the children and adolescents to get away from their community. The community represents both a comfort-zone and source of distress (see page 1). It is necessary to remove both of these factors to produce engagement (Haudenhuyse et al., 2012; Lubans et al., 2012). Further, it is often necessary to use this final requirement to produce safety.

Safety is the other basic requirement for a sport-for-development programme. A safe space is required for positive learning experiences to occur, especially in groups (Haudenhuyse et al., 2012). However, producing a safe space is not just a matter of taking vulnerable children and adolescents from their communities and placing them in a place that is less threatening, or simply away from danger. Safety is an individual experience and only a single dimension of it involves the physical location of the programme.

The other dimensions are social. First, the programme should produce an environment that is controlled by Coaches who are viewed as sources of support and structure. It is suggested that an emancipatory authority relationship with Coaches allows a safer space for at-risk children and adolescents (Lawson, 2005; Serido, Borden, & Perkins, 2009). Further, although it is rarely possible in most programmes, a greater sense of safety is achieved in programmes that encourage at-risk children and adolescents to look out for the well-being of others in the programme (Haudenhuyse et al., 2012). This allows the programme to produce an experience that is consistent, structured and supportive.

Beyond Engagement and Safe Spaces

If a sport-for-development programme is capable of engaging at-risk children and adolescents and providing them with a safe space, then a battle has been won – but by no means, the war. In order to produce psychological benefits over and above those produced by the delivery of a safe environment, sport engagement must be of a particular quality and quantity (Sanders, Field, Diego, & Kaplan, 2000; Steptoe & Butler, 1996).

Sport, divorced from any other form of intervention, is suggested to produce certain psychological benefits. The most common of these are higher self-esteem, better social skills, fewer symptoms of depression, and greater confidence (Eime, Young, Harvey, Charity, & Payne, 2013). However, in order to gain at least some of these benefits, it is suggested that children and adolescents should participate in sport a minimum of 2 times per week or from 3 to 6 hours per week (Sanders et al., 2000; Steptoe & Butler, 1996). This suggests that merely getting at-risk children and adolescents to a sport-for-development programme and engaging them in sport should have some benefit for their psychosocial wellbeing. However, more recent literature suggests that the benefit accrued is largely dependent on the type of sport programme engaged in by the child or adolescent (Ali, Fang, & Rizzio, 2010; Masten, 2007).

Types of Sport-For-Development

Three broad categories of sport programmes exist; Outdoor adventure programmes, organised sport programmes, and physical fitness programmes.

Outdoor adventure programmes typically engage children and adolescents in experiential learning and tend to be based on the belief that direct experience causes learning and behavioural changes. Physical activities used in these programmes include orienteering, rock climbing, sailing and canoeing. Other activities typically used in these programmes include traditional therapeutic techniques, mastery of challenging tasks, self-reflection, and journal writing (West & Crompton, 2001). The nature of these activities typically necessitate participation some distance from the community.

Organised sport programmes differ from outdoor adventure programmes in that they facilitate the participation of at-risk children and adolescents in competitions. Positive outcomes are thought to occur through developmentally suitable designs and healthy interactions between Coaches and participants.

Physical fitness programmes differ, too, in that they only involve some form of exercise – such as resistance training or aerobic training. These programmes aim to provide the ‘pure’ benefit of exercise mentioned earlier (Lubans et al., 2012).

All three of these programme types are suggested to be beneficial for emotional wellbeing in at-risk children and adolescents. However, this occurs most reliably in situations where a significant portion of the programme is concerned with life-skill development. In the case of outdoor adventure programmes, the development of improved self-concept, self-esteem and resilience are suggested to make these programmes superior to the other types, especially for at-risk children and adolescents (Ali et al., 2010; Masten, 2007).

This evidence gives reason to suggest that the quality and quantity of sport engagement, although important, is also not sufficient for a successful sport-for-development programme. The additional services brought by a sport-plus programme must also meet certain requirements.

The ‘Plus’ in Sport-Plus

In order for a sport-plus programme to be effective, it must successfully deliver social services. These services are commonly youth-care services and so they require some skill from those who provide them. In addition, those who deliver services to vulnerable children and adolescents must also produce a particular setting for vulnerable children and adolescents to interact in. Some of these products have already been addressed in light of safety and engagement, but there are more nuanced dimensions that should be mentioned. The first of these is the motivational climate (Ntoumanis, Vazou, & Duda, 2007).

Motivational climate can be divided into performance climate and mastery climate. In a performance climate, vulnerable children and adolescents take their fellow participants as points of reference to rate their own performance. Whereas, in a mastery climate, vulnerable children and adolescents take themselves as a point of reference to rate their own performance. Coaches who foster a mastery climate commonly observe vulnerable children and adolescents who enjoy the programme activities more, execute programme activities to a higher standard, show higher appreciation of both themselves and their fellow participants, and who display higher levels of motivation to persevere with the programme and learn from failure in a healthy way (Ntoumanis et al., 2007). However, fostering a mastery climate requires Coaches to have certain socio-psychological competencies, or ‘soft skills’.

Essential Soft Skills

Socio-psychological competencies are those that allow a Coach to detect when an at-risk child or adolescent is failing to develop relationships, or struggling in their daily lives. Socio-psychological competencies are also those competencies that allow the Coach to control and instigate desirable group dynamics (Haudenhuyse et al., 2012). However, when working with vulnerable children and adolescents, this requires some form of social capital, such as specific local knowledge, lifestyle, language and taste, as well as common personal life history. All of these have substantial influence when working with vulnerable children and adolescents (Haudenhuyse et al., 2012). These factors allow Coaches to relate to both the at-risk child or adolescent, and the ethos of the organisation. Further, these factors allow Coaches to foster an attitude that allows them to interact closely with vulnerable children and adolescents. Due to this requirement, it is suggested that it may be more appropriate to teach youth workers to

Coach the sport, rather than teach sport Coaches to be youth workers. Alternatively, a sport-plus programme can leverage the social capital of adolescents who have completed the programme, by teaching them to be youth workers (Coalter & Taylor, 2010; Haudenhuyse et al., 2012). What is important when considering these choices, is that Coaches in the programme should be able to develop in-depth and extensive social relationships with children and adolescents. Further, Coaches should be able to manage and leverage the unique qualities of the sport.

Surfing as a Youth Development Space

Surfing, as the setting for a sport-plus programme, is closest in description to an outdoor adventure programme. This has a number of key benefits. As far as safety and engagement are concerned, surfing requires vulnerable youth to leave their neighbourhoods and go to the beach. This facilitates the production of a safe environment essential for positive learning experiences (Haudenhuyse et al., 2012). Surfing is also challenging, and requires significant time and effort to master. This is suggested to foster greater engagement and facilitates longer-term engagement (Lubans et al., 2012). Further, surfing takes place in the water. This encourages programme participants to be aware of the safety of both themselves and others – and this in turn produces a greater sense of safety for the group (Haudenhuyse et al., 2012). Finally, surfing has the capacity to encourage non-competitive individual participation under the right conditions. No one else is on the same board, or on the same part of the wave. This type of interaction avoids potentially damaging competition to a degree, and makes surfing suitable for a healthy motivational climate (Ntoumanis et al., 2007). This evidence suggests that surfing may have natural qualities that make it more suitable for youth work than many other sports – as sport, by its very nature, is often competitive. In illustration: a number of qualitative evaluations suggest that sport-plus surfing programmes promote a sense of respite from personal and psychological challenges, and assist in the promotion of confidence, social skills, self-management and self-reliance (Caddick, Smith, & Phoenix, 2015; Godfrey, Devine-Wright, & Taylor, 2015).

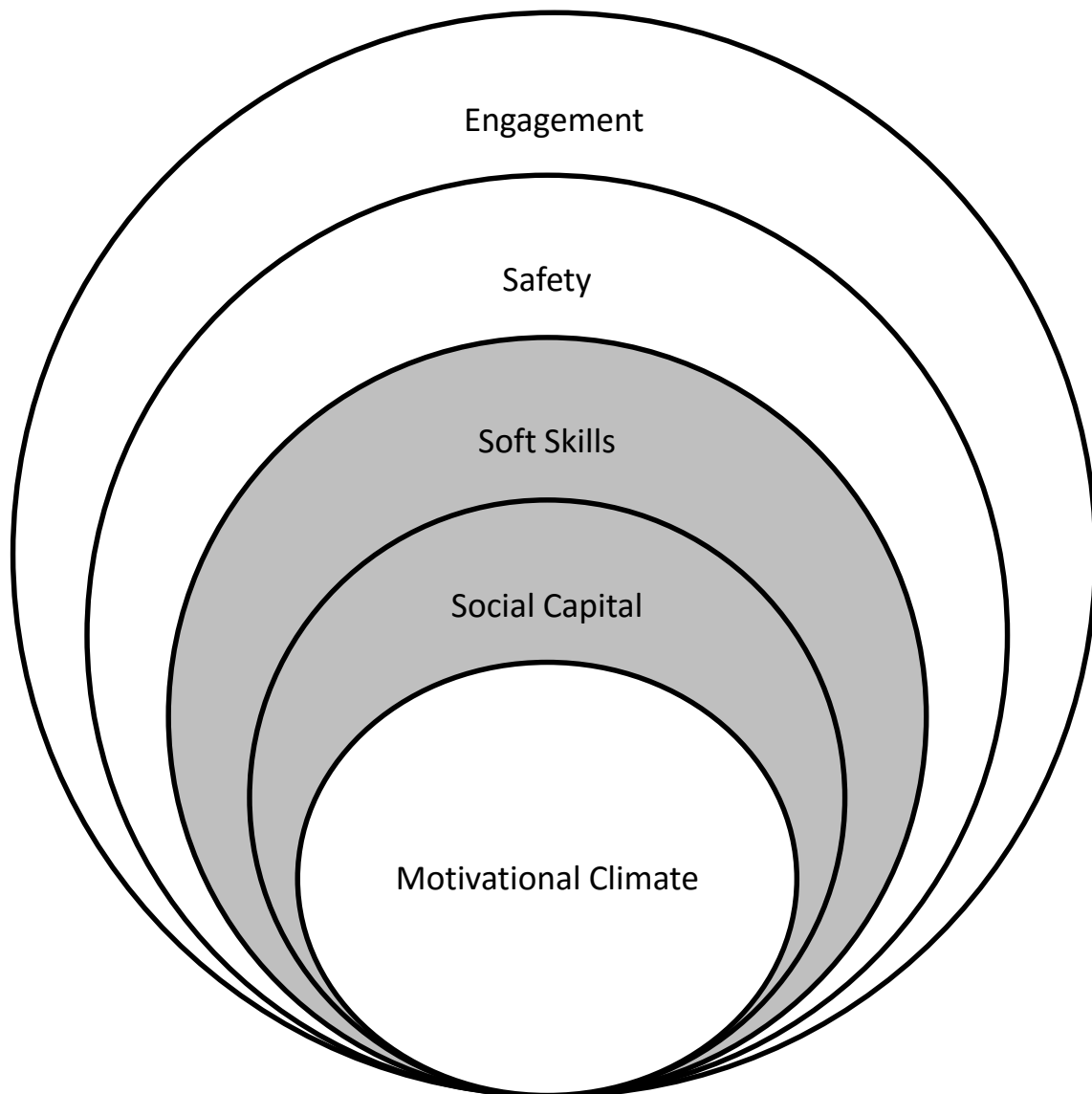


Figure 5. The requirements of a sport of development programme designed to enhance psychosocial wellbeing – areas facilitated by surfing in white.

Plausibility

Any programme in South Africa aimed at at-risk children and adolescents, must contend with violence. The nature of violence in South Africa is often highly entrenched, and commonly represents lack of access to available resources, lack of income and assets, lack of health, lack of literacy, lack of safety, lack of greater education, and lack of care (Burnett, 2009). These problems cannot be solved by any sport-for-development programme, regardless of the sport used. Further, because surfing sport-for-development programmes require an appropriate beach and an appropriate ocean, it is implausible that surfing programmes will have an impact beyond beneficiaries who live in coastal regions.

Furthermore, surfing requires both a surf board to ride and a wetsuit to keep warm in the South African oceans. Vulnerable youth from these contexts cannot afford either of these things, which means that the programme must provide them. This necessitates a large amount of funding – and it should be noted that even if these things are provided, there is no guarantee that the programme will produce increased social and emotional wellbeing. Evaluations of surfing interventions that employ a psychosocial curriculum have, thus far, relied heavily on anecdotal and qualitative evidence in their assessments of programme outcomes (Caddick et al., 2015; Godfrey, Devine-Wright, & Taylor, 2015). This quality of evidence limits this evaluator’s ability to comment on the plausibility of surfing-specific elements of the Waves for Change Surf Therapy programme.

Despite this concern, the greater body of evidence related to sport-plus interventions and outdoor adventure programmes presented here, suggests that surfing is a suitable medium for a sport-plus programme aimed at enhancing psychosocial wellbeing in at-risk youth using a psychosocial curriculum (Figure 5).

However, it should be noted that the potential of surfing will only be realised if the programme employs Coaches who are capable of using essential ‘soft skills’ to produce safe environments that are engaging.

Further, in order to facilitate positive development, Coaches will need to leverage their social capital, leverage the intrinsic qualities of the sport, and tailor their approach to each vulnerable youth that enters the programme in order to deliver the psychosocial curriculum and teachable moments. This is vital if Coaches hope to connect meaningfully with at-risk youth, and foster social and emotional wellbeing in children and adolescents who must leave the programme at the end of the day and return to the same communities that engendered their at-risk status in the first place.

The Evaluation Design

In order to establish whether the Waves for Change Surf Therapy programme was best optimised to achieve its outcomes, the evaluator conducted both a process and an outcome evaluation. The evaluation took a pragmatic stance, and focussed on determining programme effectiveness. Effectiveness was concerned with whether the programme works, as it was delivered to the primary beneficiaries included in the evaluation in 2015, under real world conditions. This was done in order to provide evidence of the feasibility of the intervention, and to help the organisation improve.

Due to the complexity of the Waves for Change programme, and the present evaluation's limited focus on programme feasibility, this evaluation was almost exclusively concerned with the delivery of programming to the primary beneficiaries. As such, this evaluation limited itself to evaluating Coach performance. This evaluation did not directly evaluate the selection, training and development of Coaches as expressed in Figure 3. This dimension of programming can be examined by referring to the partnering evaluation of the Coach training programme, conducted by Rolfe (2015).

Process Evaluation

The process evaluation of the Waves for Change Surf Therapy programme was used to assess participant selection, engagement, and programme delivery (Rossi et al., 2004).

Selection and engagement were concerned with whether an adequate level of the target population had been identified by the programme and served by the programme (Rossi et al., 2004). Programme delivery was concerned with whether the activities were delivered in sufficient quality and quantity. Examination of selection, engagement and delivery were essential in order to contextualise and explain the findings of the outcome evaluation.

Process evaluation questions were left broad in order to encourage exploration of the programme. The evaluator felt that this was appropriate, given the formative nature of the evaluation.

Process evaluation questions included:

1. Is the Waves for Change Surf Therapy programme correctly targeted: i.e., are the majority of beneficiaries who are referred, at-risk in terms of established risk-factors across demographics, the home, the school, the community, and indicators of trauma?
2. Is there bias in programme participation: i.e., are some programme beneficiaries more engaged in the programme than others?
3. Was the programme delivered with fidelity to the programme design: i.e., what factors both internal and external to the programme affected the quality of programme delivery?

Outcome Evaluation

The outcome evaluation of the Waves for Change Surf Therapy programme was used to determine the unique effect of the programme on the primary beneficiaries under real-world conditions (Rossi et al., 2004).

Outcome evaluation questions compared those in the intervention group to those on the waiting list, and asked whether the programme led to:

1. Enhanced psychosocial wellbeing?
2. Reduced antisocial behaviour and association with antisocial peers?

CHAPTER TWO

METHOD

Negotiation with Waves for Change

Waves for Change entered into talks with the University of Cape Town in December of 2014, in order to acquire assistance with their monitoring and evaluation system. This was done in order to inform programme development. The University of Cape Town agreed to include the programme in an evaluation in 2015 under the Masters programme in Programme Monitoring and Evaluation. The evaluator, under supervision, assisted the programme in developing the assessment battery in Appendix A, the interview schedule in Appendix B, and the performance management system in Appendix D. All measure development drew upon the evaluator's prior education in psychology and industrial psychology. The evaluator negotiated a stipend to work with the programme in a part-time capacity in order to manage the data collection process, assist the programme with monitoring and evaluation systems, and advise on programme development. This was necessary, as there was insufficient human capital to manage the data needed for the evaluation. Further, immersion in the programme assisted the evaluator in forming a rich impression of daily programme activities, and the strengths and weaknesses of the programme design. All secondary data was handed over to the evaluator by Waves for Change at the conclusion of the evaluator's contract.

Assessment of Evaluability

Waves for Change was assessed for evaluability using recommendations found in Rossi, Lipsey and Freeman (2004). The assessment of evaluability required multiple meetings with the Waves for Change management team. These meetings produced a detailed programme history, theory of change, goals, objectives and current activities. The main strengths of the evaluability of Waves for Change, were stakeholder openness and honesty about their interest in theory and evidence-based evaluation practices, and intent to use the results of the evaluation to inform programme activities. Further, all stakeholders were aligned on what the programme was meant to do and how it was meant to achieve it. The intervention that Waves for Change delivered was sufficiently standardised, implemented and aligned with the identified need.

Finally, Waves for Change possessed adequate financial and programme resources to facilitate the evaluation, and to accommodate the presence of the evaluator. The main weakness of the evaluability of Waves for Change was the lack of existing data suitable for producing either a process or outcome evaluation of their programme. This weakness was overcome through collaboration with Waves for Change, aimed at producing a suitable research design for their needs, and a suitable collection of instruments that Waves for Change could integrate into its monitoring and evaluation system.

An Evaluation of Two Parts

The formative evaluation of the Waves for Change Surf Therapy programme encompassed a process evaluation and an outcome evaluation. The separate purpose of these two evaluations necessitated two distinct methods, fit for their respective purpose. What follows in this chapter is a presentation of those methods. The outcome evaluation is presented first. The process evaluation is then presented to support it.

Outcome Evaluation

Research Design of Outcome Evaluation

The outcome evaluation of the Waves for Change Surf Therapy programme was experimental and used a Randomised Control Trial design (RCT). The RCT was conducted within the context of an Intention-to-Treat analysis framework, and employed an investigation of programme effectiveness. Programme beneficiaries were randomly assigned to an intervention group or a wait-list control group. Both groups contained 3 subgroups, each corresponding to a different referral school in Cape Town. Each of the 3 subgroups received programming from different programme Coaches at one of two different locations. The intervention group was invited to attend all 64 sessions, and 32 weeks of programming. This included 1 psychosocial curriculum session per week, and 1 teachable moment per week, commencing in February 2015. Those allocated to the wait-list were invited to begin the programme during the months of August and September 2015. Referrals greatly exceeded the capacity of the programme. This made a waiting list appropriate for this evaluation. All beneficiaries were measured using a single baseline assessment and a single post-assessment.

All outcome data were collected by the programme staff and were provided as secondary data, under the supervision of the evaluator.

Primary Beneficiaries and Eligibility Criteria

Primary beneficiaries included in the outcome evaluation were children and adolescents between the ages of 8 and 16, referred to Waves for Change by teachers from primary schools in Masiphumelele, Lavender Hill, and Khayelitsha, due to ongoing antisocial behaviour at school. All schools included were chosen by Waves for Change, had at least one teacher with a relationship with Waves for Change, and had sufficient coordination within the school to allow the identification and referral of children to the programme. Although this is not how all children and adolescents enter the Waves for Change programme – some walk in or self-select – referral was thought to be the most effective means of reaching children and adolescents thought to be at risk of social exclusion due to their own antisocial behaviour. Children referred to the programme could not already be attending the programme, and could not have attended the programme in the past. Primary caregivers were required to provide consent to Waves for Change.

Recruitment and Sampling

Waves for Change approached schools in Masiphumelele, Lavender Hill, and Khayelitsha to recruit potential beneficiaries in January of 2015. One primary school from Masiphumelele agreed to participate. Two primary schools from Lavender Hill agreed to participate, but only one school coordinated adequately with the programme management to be accepted for the evaluation. One primary school in Khayelitsha agreed to participate. One high school from Masiphumelele and one high school from Khayelitsha also agreed to participate, but these schools were largely beyond the age-range that the programme wished to target, and both high schools did not coordinate adequately with the programme to be accepted for the evaluation. Recruitment ended at the end of February 2015.

Sample size for the evaluation was discussed with the programme in order to inform recruitment. The necessary sample size for this evaluation was determined using G*Power 3.1 (Faul, Erdfelder, Lang, & Buchner, 2007). An *a priori* power analysis was conducted for ANCOVA with 2 fixed effects, 1 covariate, and 3 groups, for a target power of 0.8 and an

effect size of 0.3. It was determined that 111 children and adolescents would be required for the evaluation.

It was expected that children from different schools and communities would not be homogenous. In order to account for this, the programme attempted to keep the 3 groups as equal as possible during recruitment. The programme attempted to gather 40 children or adolescents from each school and was able to identify 115 primary school students from Masiphumelele ($n = 43$), Khayelitsha ($n = 38$), and Lavender Hill ($n = 34$). All identified beneficiaries included 115 children and adolescents completed a baseline assessment. At post-assessment, 11 participants could not be reached.

Table 1

Descriptive Statistics of Referred Children and Adolescents (N = 115)

Demographic Category ($n = 114$)	Demographic Subcategory	Number	Percentage (%) [95% CI Bca]
Gender	Male	86	75.4 [68.4, 82.5]
	Female	28	24.6 [17.5, 31.6]
Demographic Category ($n = 109$)	Mean (SD)		[95% CI Bca]
Age	12.42 (1.42)		[12.16, 12.69]
Grade	5.62 (.93)		[1.28, 1.56]

Randomisation

Randomisation was conducted in accordance with CONSORT guidelines (Altman et al., 2001). Randomisation was conducted at the level of the child or adolescent, and randomisation was stratification by school. The process of randomisation was conducted by the evaluator. Microsoft Excel 2013 was used to randomly assign participants either a 1 for intervention or a 2 for wait-list. This process was shuffled until the number of intervention and wait-list beneficiaries was roughly equal in each school.

The CONSORT diagram in Figure 6 depicts the path from identification and assessment of participants at baseline, to the cause of loss to post-assessment, and finally, analysis.

Blinding

Blinding to treatment allocation was absolute at the time of the baseline assessment – the evaluator, programme staff, and primary beneficiaries. At the time of post-assessment, blinding was maintained for the evaluator who oversaw data collection. However, blinding was not possible for the programme staff, or the primary beneficiaries.

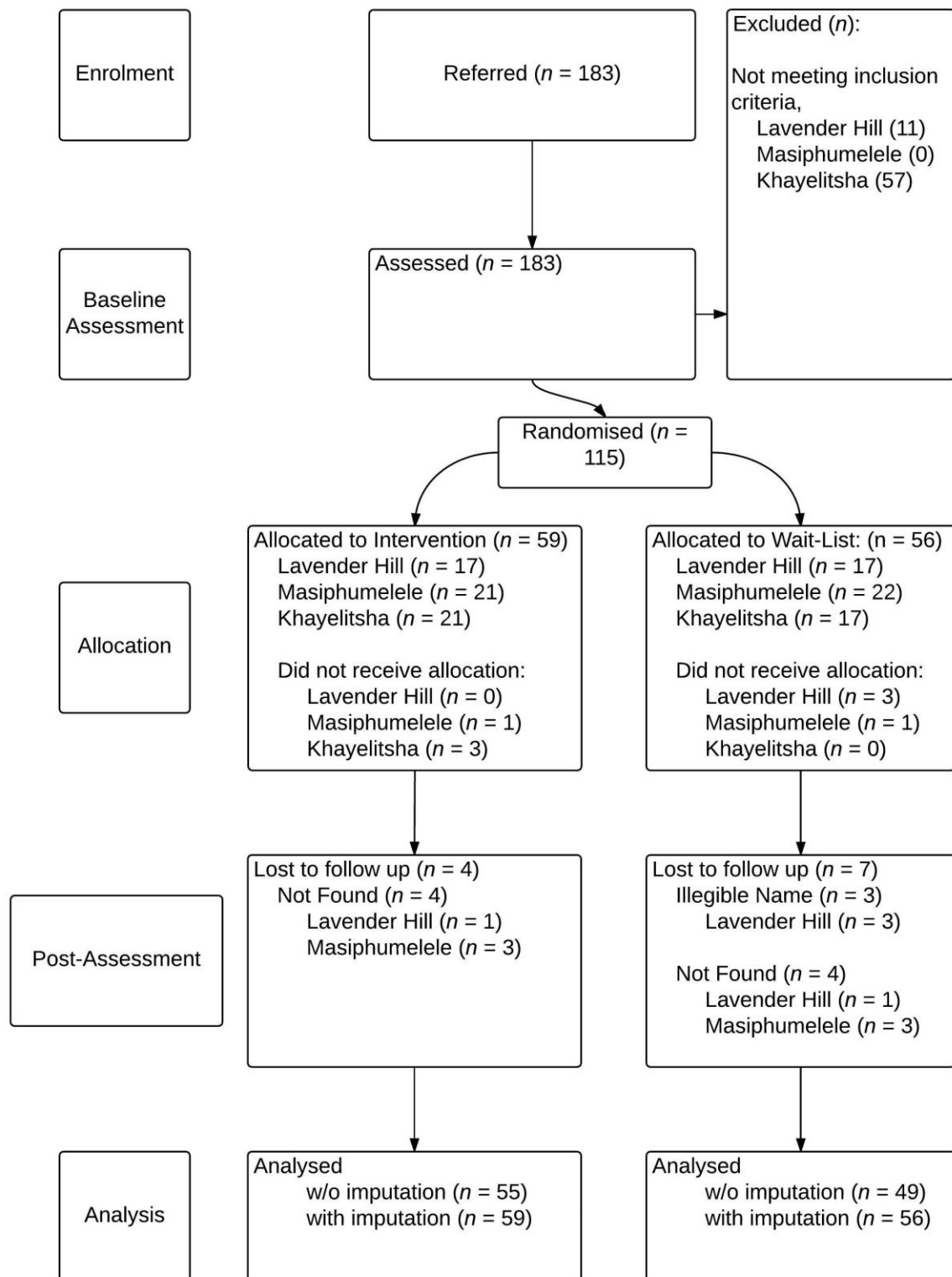


Figure 6. CONSORT flow diagram.

Measures

Psychosocial wellbeing. Assessment of psychosocial wellbeing was measured using two standardised measures. These were the Children's Hope Scale, and the Strengths and Difficulties Questionnaire.

The Children's Hope Scale is a 6-item self-report measure, designed to measure agency and pathways thinking in children between the ages of 8 and 16 (Snyder et al., 1997; Valle, Huebner, & Suldo, 2004). This measure serves to establish whether children believe that they can initiate and sustain effort towards a goal, and whether children believe that they can make pathways to acquire those goals. Hopeful thinking is suggested to form an important part of wellbeing and contribute to resilience, so it was appropriate to include it in this evaluation. The Children's Hope Scale is suggested to show good validity and reliability across a variety of cultural contexts – including contexts where poverty and violence are common (Edwards, Ong, & Lopez, 2007; Haroz et al., 2015; Marques, Pais-Ribeiro, & Lopez, 2009; Snyder et al., 1997; Valle et al., 2004)

The Strengths and Difficulties Questionnaire (SDQ) is a 25 item self-report scale, containing statements related to positive and negative personal attributes. The scale is designed to generate scores indicative of conduct problems, peer-problems, hyperactivity, emotional symptoms, and prosocial behaviour in children up to 16 years old (Goodman, 1997). The measure also produces an overall difficulties score – or indicator of psychosocial wellbeing (Goodman, 1997). The SDQ is a widely used measure of child mental health, and has shown good reliability and validity across a variety of contexts – including those concerned with vulnerable children (Di Riso et al., 2010; Goodman & Goodman, 2009; Lai et al., 2009; Mason, Chmelka, & Thompson, 2012; Peterman, Peterman, & Schreyer, 2010; Richter, Sagatun, Heyerdahl, Oppedal, & Roysamb, 2011).

The Children's Hope Scale and the Strengths and Difficulties Questionnaire, together, facilitate a generous multidimensional impression of the general psychosocial wellbeing of children and adolescents by producing a comprehensive impression of the beneficiaries' beliefs about themselves in relation to the world around them.

Antisocial behaviour and association with antisocial peers. Assessment of antisocial behaviour and association with antisocial peers was measured using 2 subscales of the Social and Health Assessment Scales. The Social and Health Assessment Scales (SAHA) is a 90 item inventory that measures the quantity and quality of social interactions in different spaces – specifically those that children and adolescents are likely to encounter (Rushkin, Schwab-Stone, & Vermeiren, 2004). The two subscales comprised a total of 27 items, and were concerned with the beneficiaries’ own antisocial behaviours, and the antisocial behaviour of the beneficiaries’ friends. The SAHA has been used successfully in a variety of contexts, and due to its simple ability to determine the frequency of antisocial behaviour in children and their immediate social circles, it was deemed a valuable addition to the present evaluation (Ward, Martin, Theron, Distiller, 2007; Stickley, Koyonagi, Koposov, Schwab-stone, & Ruchkin, 2014).

Procedure of Outcome Evaluation

Assessment battery preparation and collection procedure. The assessment battery was translated into Xhosa and Afrikaans by an expert who specialised in both languages. These were then back translated by Waves for Change Coaches from Masiphumelele, Lavender Hill and Khayelitsha. This was done to ensure that the level of language used would be appropriate for programme beneficiaries. Waves for Change then used the battery at partnering schools at all 3 sites. English versions of the battery were always available for beneficiaries to choose, along with an appropriate translation. Xhosa was used as the translation at Masiphumelele and Khayelitsha, and Afrikaans was used as the translation at Lavender Hill.

Primary beneficiaries were required to take a consent form to their parents, and return with a signed form, before they could participate in data collection (See Appendix C). This consent form contained information about the programme and details pertaining to the Waves for Change site that the child belonged to. The form also stated that the child would begin surfing either immediately or in August of 2015. Beneficiaries who returned with their consent forms were then randomly assigned to small groups of 5 to 10 learners, either by the evaluator, or by a member of the programme management team. Each small group received supervision from one Waves for Change staff member, from their community. The Waves for Change staff member was responsible for reading out the questionnaire for the participants in order to ensure

that all participants could understand the battery and complete it. This data collection strategy was completed a first time, in February, and was completed a second time between August and October of 2015 by Waves for Change staff, under the supervision of the evaluator.

The post-assessment followed the same procedure, however, whereas the baseline assessment took only two weeks, and was done over only one or two visits to the schools, the post-collection happened over the span of a couple of months, and took between 3 and 6 visits to each school.

In both assessments, beneficiaries were offered either an item of fruit or a surfing magazine as thanks for completing the assessment battery.

Data Analysis for Outcome Evaluation

Data were recorded and analysed using IBM SPSS 22. The unit of analysis for the evaluation was the individual. Multiple imputation was conducted to account for missing data in outcomes of interest. Multiple imputation takes random subsamples of data and uses multiple regression, to predict what missing values will be in each subsample. This was appropriate, as the raw quantity of missing data was below 10%, and the data was missing at random – multiple imputation is suggested to be reliable under these conditions (Armijo-Olivo, Warren, & Magee, 2009). Imputation was also necessary to support the Intention-to-Treat analysis (ITT) approach used in the outcome evaluation. This approach required a complete set of data in order to produce reliable estimates of programme effect on outcomes of interest. This means that beneficiaries were analysed as-randomised. ITT is regarded as a best-practice means of generating an unbiased measure of programme effectiveness in an RCT.

Outcome evaluation questions and data analysis approach. Assumptions related to Analysis of Covariance were assessed using relevant histograms, scatterplots and P-P plots for each analysis (Appendix H). Outliers were assessed using Mahalanobis' Distance, Cooks Distance, and Residual Statistics for each analysis. In order to ensure the equivalence of the two groups, an independent samples T-test was conducted on all outcomes of interest for all baseline assessment data.

Outcome Evaluation Question 1: Compared to those on the waiting list, did the programme lead to enhanced psychosocial wellbeing?

Factorial ANCOVA was used to determine whether presence in the intervention or waiting list group predicted a difference on the two Children's Hope Scale subscales and the Strengths and Difficulties Questionnaire. School was included alongside group membership as a fixed factor in order to account for the effect of the programme across the different sites. The baseline score was included in the model as a covariate in order to increase model accuracy.

Outcome Evaluation Question 2: Compared to those on the waiting list, did the programme lead to reduced antisocial behaviour and association with antisocial peers?

Factorial ANCOVA was used to determine whether presence in the intervention or waiting list group predicted a difference on the two subscales of the Social and Health Assessment. School was included alongside group membership as a fixed factor in order to account for the effect of the programme across the different sites. The baseline score was included in the model as a covariate in order to increase model accuracy.

Pearson Correlation was conducted to examine the relationship between all baseline subscales of the Children's Hope Scale, the Strength and Difficulties Questionnaire, and the Social and Health Assessment Scales. The presence of relationships between the subscales was compared between intervention group and wait-list group at baseline assessments and again at post-assessment, in order to look for a different type of programme effect – change in the relationship, or coherence, between constructs measured by the outcomes of interest. Any change brought about by the programme in the relationship between scales can be tentatively examined and assessed due to the convincing causal framework provided by the RCT and the ITT.

Process Evaluation

Research Design of Process Evaluation

The process evaluation of the Waves for Change Surf Therapy programme was descriptive, and included both cross-sectional and longitudinal elements. The process evaluation was designed as an explanatory adjunct to the outcome evaluation presented above, and thus, it included programme beneficiaries who had been randomly assigned to the intervention group for the Randomised Control Trial – but did not include the wait-list control group. In addition, the process evaluation included an interview group, and a Coach group.

The intervention group used in the RCT contained 3 subgroups, each corresponding to a different referral school in Cape Town. Each of the 3 subgroups received programming from different programme Coaches at 2 different locations. The intervention group was invited to attend all 64 sessions, and all 32 weeks of programming, commencing in February, 2015. All beneficiaries in the intervention group were measured using a single baseline assessment and a single post-assessment.

The interview group was drawn from beneficiaries who regularly attended the programme. These beneficiaries were selected for interview from all 3 sites, and submitted to 1 interview during the term of the evaluation. This group included some beneficiaries from the intervention group, and some beneficiaries who arrived at the programme voluntarily. Finally, all Coaches from Masiphumelele, Khayelitsha, and Lavender Hill submitted themselves to a single performance review. All process data were collected by the programme and were provided by Waves for Change, as secondary data, under the supervision of the evaluator.

A note about this section. In the interest of the reader, beyond this point, all details related to the RCT intervention group included in the process evaluation are as described in the outcome evaluation above. To avoid unnecessary repetition, this subsection will indicate where the intervention group was used, and then only include additional information pertinent to the process evaluation related to additional primary beneficiaries, or Coaches. All details related to randomisation and blinding of the RCT intervention group are as described in the subsection above, but are not included here, as these elements were not expanded during the process evaluation.

Primary Beneficiaries, Eligibility Criteria and Coaches

Primary beneficiaries included in the process evaluation were children and adolescents between the ages of 8 and 16 from schools in Masiphumelele, Lavender Hill, and Khayelitsha. This included the intervention group selected for the RCT, as described in the subsection above. In addition, this included interview beneficiaries from a number of schools in each area.

Eligibility criteria for the intervention group are as described in the subsection above. Interview beneficiaries were required to be active members of the programme, and therefore, were required to attend the programme regularly.

Coaches were all those employed at sites in Masiphumelele, Lavender Hill, and Khayelitsha. This group was 18 to 38 years of age and was predominantly female (please see Rolfe, 2015).

Recruitment and Sampling

Recruitment and sampling of the intervention group are as described in the subsection above.

Interview group. Waves for Change aimed to interview 100 beneficiaries. This number was chosen because it represented the majority of beneficiaries who were believed to attend the programme regularly. It was believed that these beneficiaries could produce meaningful answers about the programme. Further, resources were available to attempt this number of interviews.

Eighty-eight beneficiaries were interviewed from Masiphumelele ($n = 9$), Khayelitsha ($n = 45$), and Lavender Hill ($n = 34$). Interview beneficiaries were recruited using convenience sampling. This meant that beneficiaries in this sample were available and willing to be interviewed. This method of sampling was deemed appropriate, as only beneficiaries who regularly attended the programme were interviewed. The 3 sites were not equal in size. The result of this was that the number of beneficiaries interviewed, corresponded to the number of beneficiaries who were regularly available at that site.

Coach group. All 15 Coaches employed at Waves for Change in July of 2015 were included. This was appropriate, as all Coaches had contact with beneficiaries, and all Coaches were subject to a performance review.

Measures

Beneficiary selection. Assessment of beneficiary selection used demographic information, assessment questions, and a standardised scale. All of these were gathered as part of the assessment battery included in Appendix A. Demographic information included beneficiary name, age, gender, school grade, number of grades failed, and social grant status. Additional assessment questions included, whether the child had a family member to talk to, what the child did to cope with negative events, what activities the child was involved in, number of rooms in the child's home, number of family members who lived in the child's home, the employment status of family members who lived in the home, frequency of violence in the home, and whether the child had gone without food or essential supplies in the past 3 months. A formal inventory of trauma was also included.

The Traumatic Events Screening Inventory (TESI) is a 15-item scale that measures children and adolescents' experiences of potentially traumatic events, such as sexual and physical abuse, accidents and hospitalisation, community and domestic violence, disasters, and previous injury (Ribbe, 1996). The Traumatic Events Screening Inventory is suggested to have strong psychometric properties that render it a reliable screening inventory for detecting trauma in children (Strand, Sarmiento, & Pasquale, 2005). In the present study, the TESI was reduced to 6 items, and these items were revised for a South African sample. This was done in consultation with an experienced child-development expert with a long history of research in South African communities. Figure 7 presents the revised items chosen for this evaluation.

8. In the past six months have you ever (mark with an X):

	Never	One time	Some times	Many times
8.1. Been physically attacked, mugged, or attacked with a dangerous weapon?				
8.2. Seen/heard people in your family physically fighting?				
8.3. Witnessed shooting with a gun or a stabbing, or any other kind of dangerous weapon?				
8.4. Had a family member who was arrested, put in jail or prison, or taken away by the police or other authorities?				
8.5. Been told repeatedly that you were worthless or not a good person?				
8.6. Has someone ever touched your body in a way you didn't want them to or in a way that made you uncomfortable?				

Figure 7: A revised extract from the Traumatic Events Screening Inventory.

Beneficiary engagement. Assessment of beneficiary engagement used beneficiary attendance. Attendance was measured by Coaches using attendance registers. An example of this register can be seen in Appendix E. Attendance was tracked from March 2015 until the end of August 2015. Full attendance was considered by the programme to be 2 days or more per week for all 32 weeks. Evidence from previous studies suggested that this was the attendance level required to enhance psychosocial wellbeing (Steptoe & Butler, 1996; Sanders et al., 2000). Beneficiaries who did not attend one session in the entire evaluation period, despite being invited to do so, were categorised under non-participation. Beneficiaries who began attending the programme after being invited to do so, but stopped attending were categorised under drop-out.

Programme delivery. Assessment of programme delivery used the results of the Waves for Change performance management system, and the results of structured interviews with primary beneficiaries.

The performance management system was based on a published core-competency framework used by an internationally recognised youth care worker core competency checklist (Spark Action, 2015). The performance management system covered core competencies of professionalism, strength-building, and interaction as a youth care worker.

Professionalism included self-statements concerned with Teamwork and Self-management. Strength-building included self-statements concerned with application of basic child and adolescent development principles, and with age appropriate and culturally appropriate behaviour. Interaction as a youth care worker was concerned with the ability to build relationships and foster connectedness between youth and families.

Coaches rated themselves on a scale of 1 to 5. A score of 5 meant that Coaches performed to the standard of a professional youth care worker. A score of 4 meant that performance was good, but there was room to grow. A score of 3 meant that performance was inconsistent, but awareness of performance was present. A score of 2 or 1 meant that performance was low, and that there was little awareness of why performance was low. Ratings were repeated for each Coach by 2 supervisors who had regular contact with the Coach. This provided an indication of whether Coaches were engaging in actions and strategies necessary to be successful youth care workers. An example of this measure is available as Appendix D.

The performance management system was augmented by Coach attendance records, and records of completion of weekly activities – such as 1-on-1's with participants, or home visits.

The interview schedule contained questions about participants' experience of Waves for Change. These include questions about the programme in general, the experience of the staff, and the experience of other participants. These responses were then transformed into a 5 point rating, ranging from very bad to very good. Participants were then asked questions about what they had learned at Waves for Change, and whether they had learned anything about themselves. Finally, participants were asked whether there was anything they would like to learn at Waves for Change, or whether there was anything that the programme could do better.

Procedure

The Traumatic Events Screening Inventory was included as a part of the assessment battery in Appendix A. The assessment battery was prepared, as described in the outcome evaluation procedure above.

Performance management system preparation and collection procedure. The performance management system was developed in-house by the evaluator in collaboration with programme staff (Appendix D). The performance management system used a published core-competency framework taken from an internationally recognised youth worker core competency checklist (Spark Action, 2015). These core competencies were then ranked and categorised by local community social workers and youth care workers at Waves for Change. This ranking and categorisation was used to produce 3 categories, appropriate for Waves for Change: professionalism, strength-building, and interaction with youth and community. Each category contained indicators, and these were rated by both Coaches and supervisors in July. Supervisors then reviewed the quality of coding.

Interview schedule preparation and collection procedure. Interviews were conducted by an experienced child therapist using the interview schedule in Appendix B. Interviews were conducted between March and August. The interviewer visited each site either every week, or if this was not possible, the interviewer visited every two weeks. The interview schedule contains questions about participants' experience of Waves for Change. The interviewer was required to follow the interview schedule as closely as possible. If a beneficiary

did not answer a question, the interviewer was required to move on to the next question. The interviewer was instructed to conduct all interviews privately, and to reassure participants that their answers would be kept anonymous and confidential. Interviews were conducted between March and August.

Data Analysis of Process Evaluation

Data were recorded and analysed using IBM SPSS Statistics 22. The unit of analysis for the process evaluation was the individual. All data collected by structured interview was categorised and quantified.

Process evaluation questions and data analysis approach. Process Evaluation Question 1: Is the Waves for Change Surf Therapy programme correctly targeted: i.e. are the majority of beneficiaries who are referred, at-risk in terms of established risk-factors across demographics, the home, the school, the community, and indicators of trauma?

Descriptive statistics were used to determine the distribution of established risk-factors and indicators of trauma for the beneficiaries who were referred to the programme.

The Traumatic Events Screening Inventory scores were not meaningful for these descriptive statistics, due to the removal of items discussed above. For this reason, The Traumatic Events Screening Inventory was divided into four pragmatic categories for these descriptive statistics. This was done according to how regularly a single event occurred, or how regularly multiple events occurred. If the total TESI score suggested that the beneficiary experienced no traumatic event (a score of 6 on the scale), they were categorised as not having experienced a traumatic event in the last 6 months. If the total TESI score suggested that the beneficiary experienced either 1 out of the 6 events on the scale sometimes, or up to 2 of the 6 events once (a score of 7 or 8 on the scale), they were categorised as experiencing relatively infrequent traumatic events in the last 6 months. If the total TESI score suggested that the beneficiary experienced either at least 1 out of the 6 events all of the time (score of 9), 2 out of the 6 events all of the time (score of 12) - or 4 of the traumatic events one time and 2 sometimes (score of 14), they were categorised as experiencing frequent traumatic events in the last 6 months. Finally, if the total TESI score suggested that the beneficiary experienced 3 out of the

6 events all of the time (score of 15) or all of the events sometimes (score of 18), or more, they were categorised as experiencing very frequent traumatic events in the last 6 months.

Process Evaluation Question 2: Is there bias in programme participation: i.e., are some programme beneficiaries more engaged in the programme than others?

Partial Correlation was conducted to explore the relationship between demographic characteristics, indicators of risk, the score on the TESI, and programme attendance.

Pearson Correlation was conducted to explore the relationship between demographic characteristics, indicators of risk, the score on the TESI, and either dropout or non-participation.

Process Evaluation Question 3: Was the programme delivered with fidelity to the programme design?

Descriptive data from the Waves for Change performance management system, related to Coach attendance, completion of essential tasks, and performance on core competencies were used to determine the quality of Coach performance from the programme perspective.

Descriptive data from beneficiary interviews, related to their opinions about the Coaches and the programme, were also examined to support this.

Ethics

Ethical clearance was acquired from the University of Cape Town, Faculty of Commerce Ethics Committee following standard procedures outlined by the faculty of Commerce (Appendix F).

Ethical clearance was acquired for the use of secondary data. The programme was invited to contribute to the design of the evaluation, and information was provided to the programme to ensure that the evaluation process was clear. The programme then signed a consent form for the use of its data. The evaluator specified that the provision of data by the programme was voluntary, and that the identity of all beneficiaries would be protected by the provision of a beneficiary number. All information provided by the programme was kept confidential, and was stored on an encrypted cloud drive, and accessed from a password protected computer. In return for allowing the evaluator to use the data, the programme will receive a complete evaluation report in 2016 after it has been reviewed by the external examiner.

CHAPTER THREE

RESULTS

Process Evaluation

Process Evaluation Question 1: Is the Waves for Change Surf Therapy programme correctly targeted: i.e. are the majority of beneficiaries who are referred, at-risk in terms of established risk-factors across demographics, the home, the school, the community, and indicators of trauma?

The majority (51.3%) of children and adolescents who were referred to Waves for Change, provided learning to surf as one of their primary motivations for signing up. Other reasons included referral by teacher (29.6%), joining a friend (13.9%), needing a safe space after school (7.8%), and self-development reasons such as being a better person, or changing behaviour (1.7%).

Table 2

Given Motivation for Participation (N = 115)

Reason for Signing up with Waves for Change	Number	Percentage (%) [95% CI Bca]
Learn to Surf	59	51.3 [43.5, 60]
Referred by Teacher	34	29.6 [22.6, 36.5]
To Join a Friend	16	13.9 [8.7, 19.1]
Needed a Safe Space	9	7.8 [4.3, 12.2]
Self-Development	2	1.7 [.0, 4.3]

Notes. Percentages do not add to 100 due to multiple choices.

Indicators of poverty suggest that the majority of the children and adolescents referred to Waves for Change have insufficient access to basic nutritional and material requirements, as evidenced by the accessing of the Child Support Grant ($N = 115$), lack of food ($N = 113$), and lack of basic school supplies or clothes ($N = 111$).

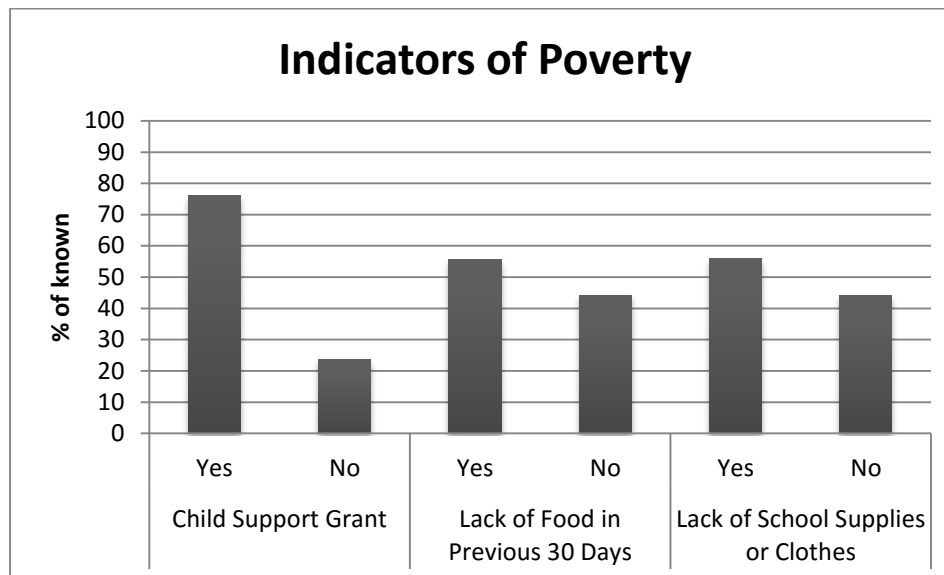


Figure 8. Indicators of poverty.

Indicators of home-based risk suggest that the majority of children and adolescents referred to Waves for Change feel safe at home (89%; Baseline Assessment $n = 114$; Post-Assessment $n = 103$), feel supported at home by an adult male (59%; $n = 115$), and adult female (68%; $n = 114$) or older sibling (64%; $n = 113$), and only a minority are exposed to domestic violence (31% - 42%; Baseline Assessment $n = 114$; Post-Assessment $n = 100$).

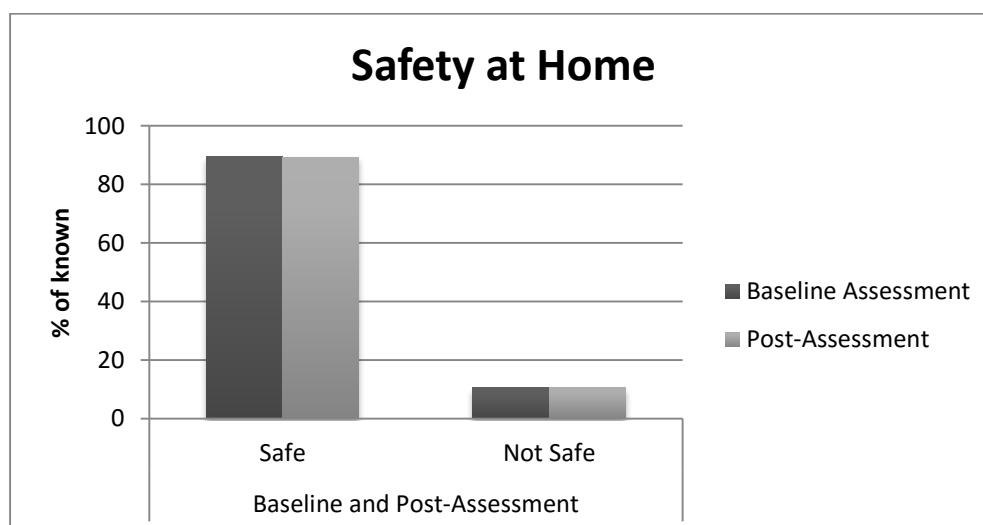


Figure 9. Safety at home.

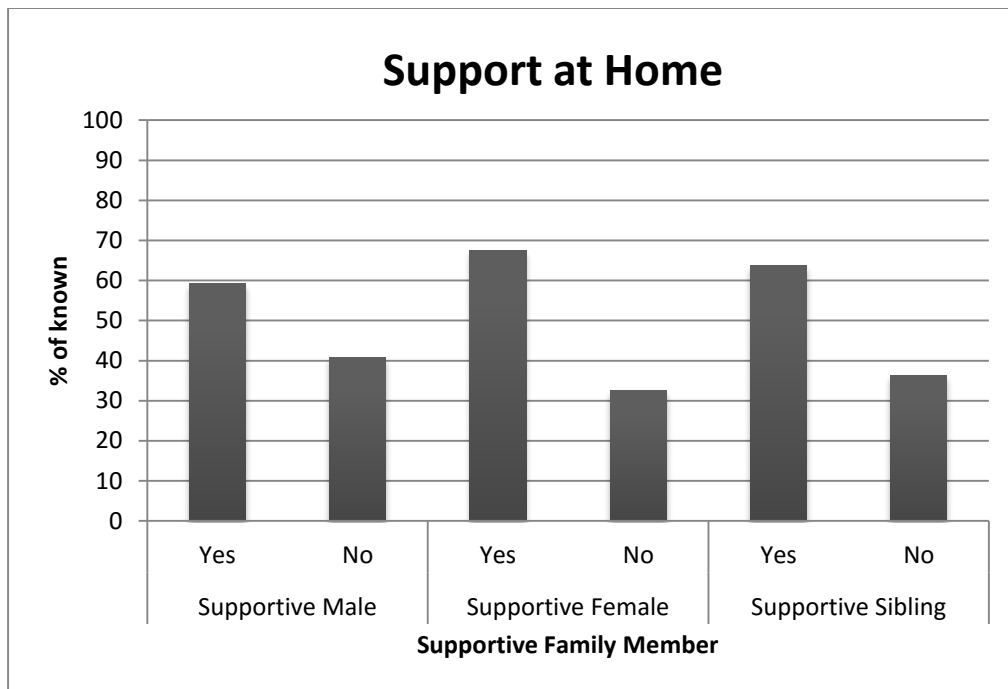


Figure 10. Support at home.

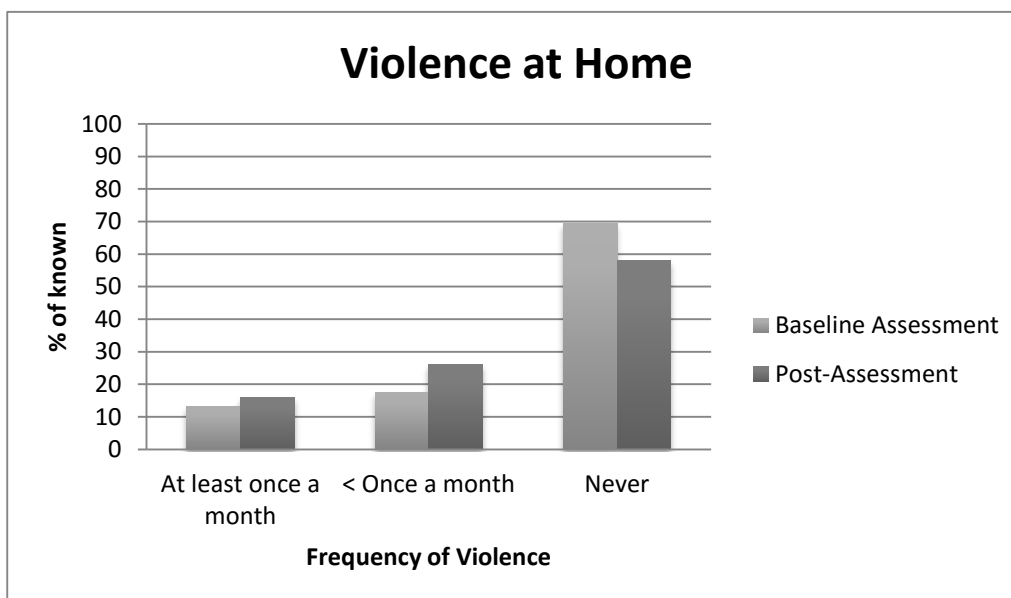


Figure 11. Violence at Home.

Indicators of school-based risk suggest that the majority of children and adolescents referred to Waves for Change feel safe at school (81% - 79%; Baseline Assessment $n = 113$; Post-Assessment $n = 103$).

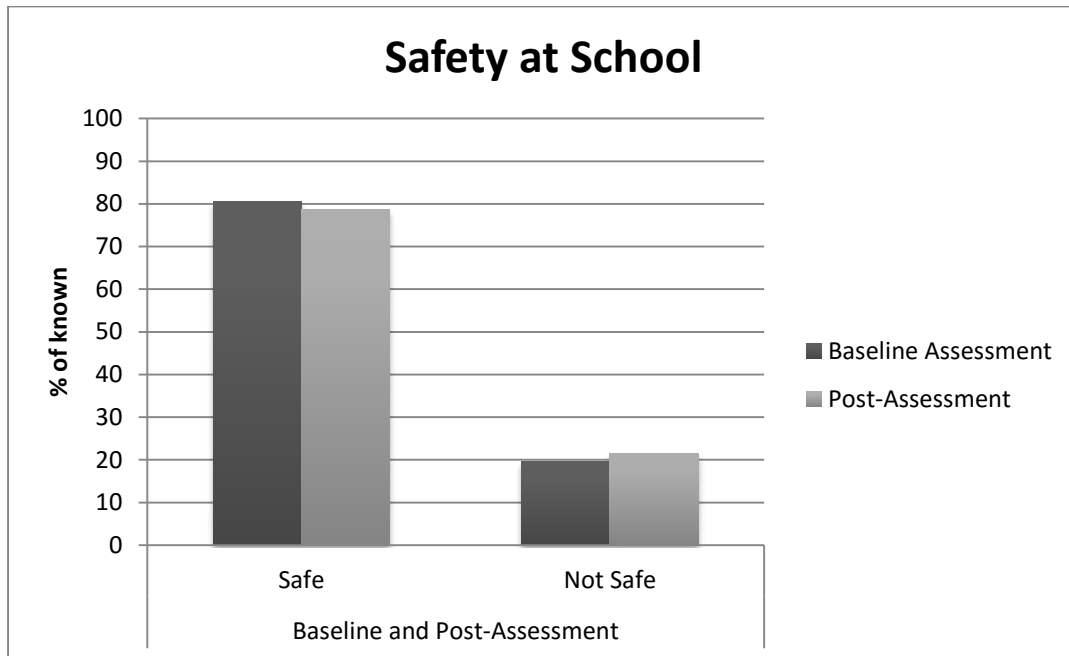


Figure 12. Safety at school.

Indicators of community-based risk suggest that the majority of children and adolescents referred to Waves for Change are regularly exposed to traumatic events (59% - 67%; Baseline Assessment $n = 111$; Post-Assessment $n = 102$), and do not feel completely safe in their community (62% - 65%; Baseline Assessment $n = 114$; Post-Assessment $n = 103$). However, almost all referred children and adolescents are involved in some other formal recreational activity, such as a sports team, a church, a dance group, a scout group, or a community group (89%; $n = 115$), and only a fraction report coping with negative events using destructive strategies (2%; Baseline Assessment $n = 115$; Post-Assessment $n = 104$).

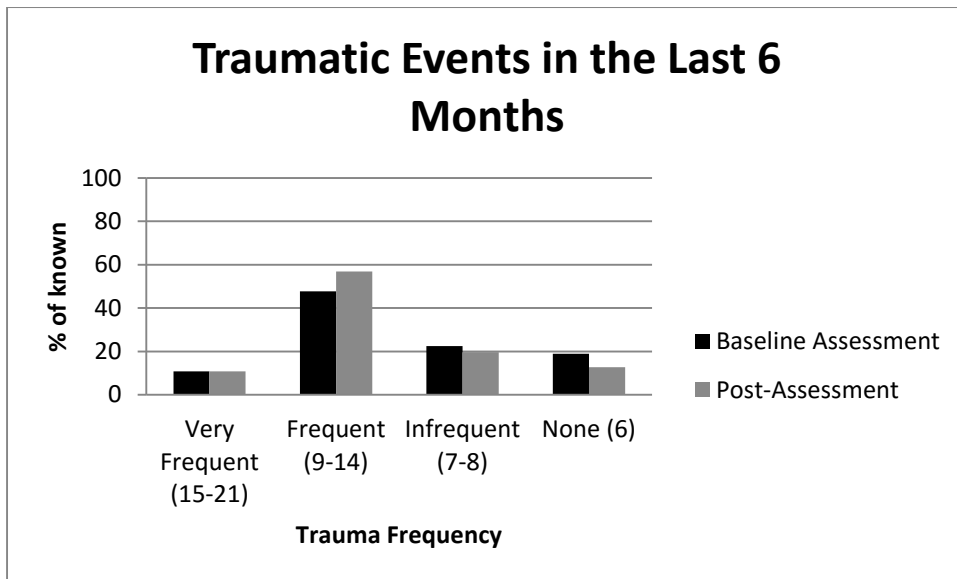


Figure 13. Frequency of traumatic events in the last 6 months.

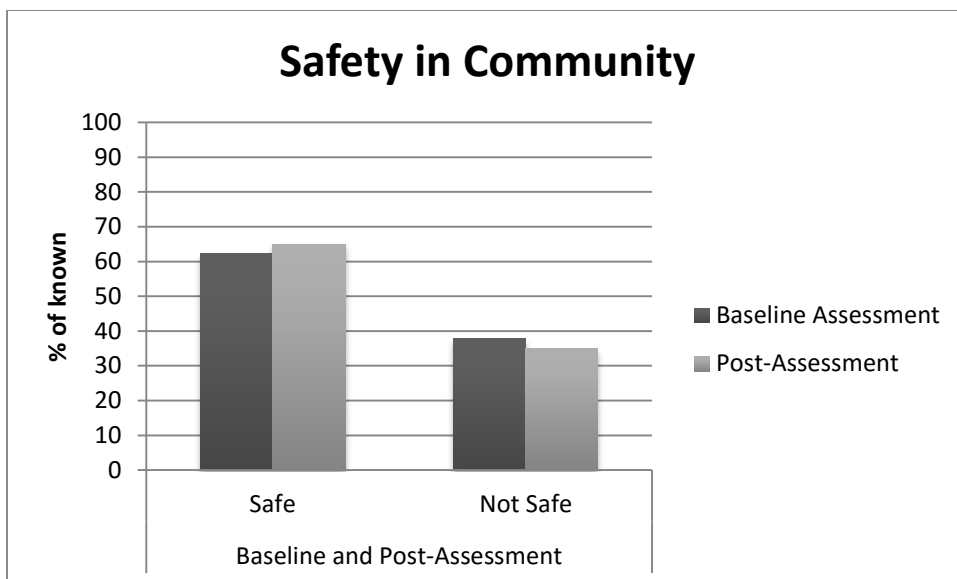


Figure 14. Safety in the community.

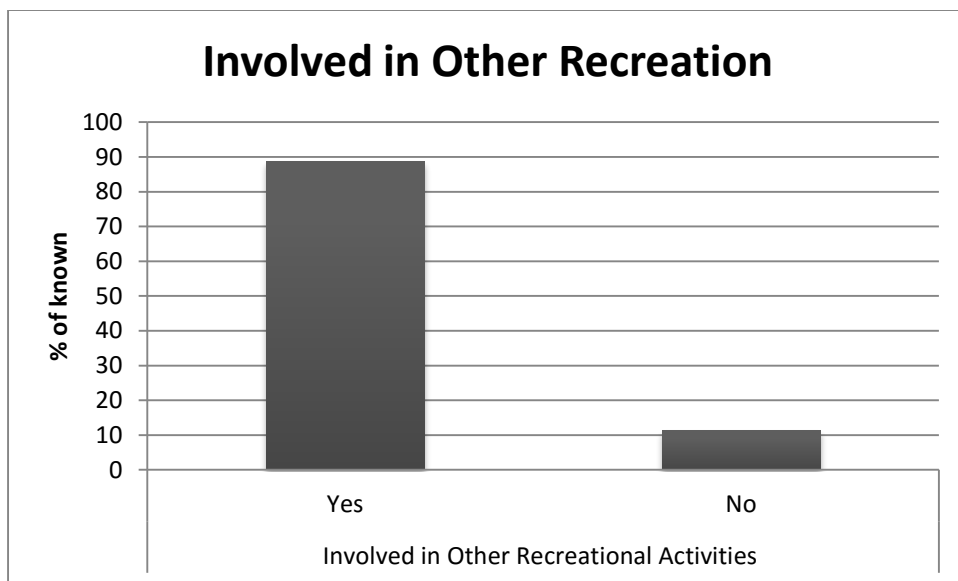


Figure 15. Involvement in other recreational activities.

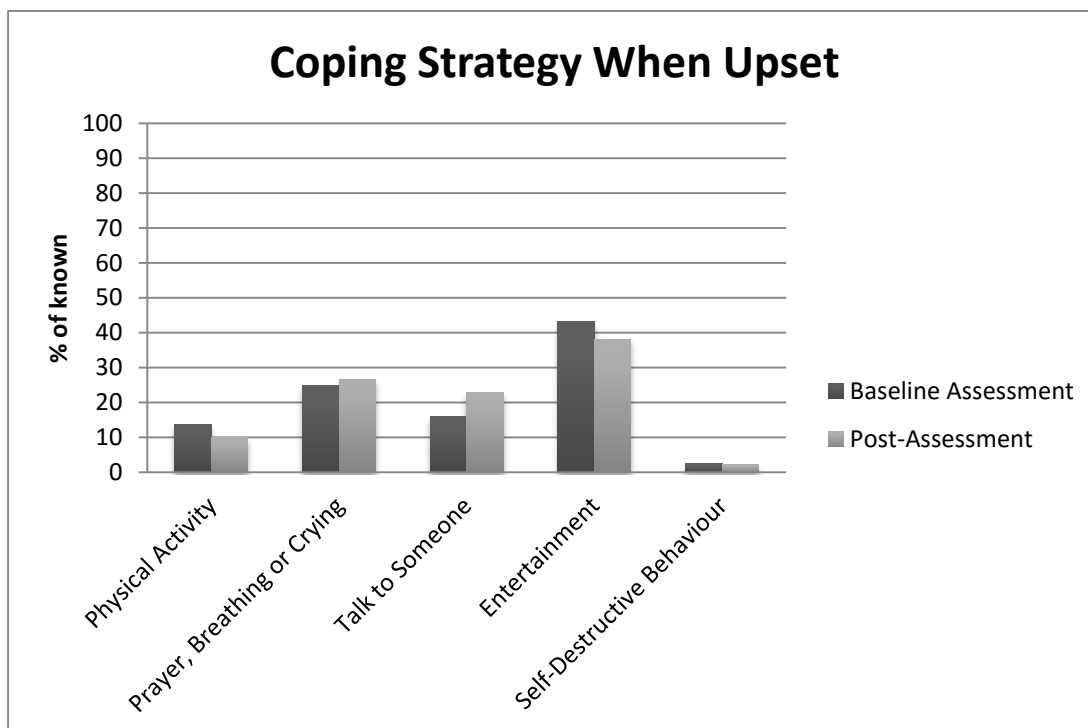


Figure 16. Use of coping strategies when something is upsetting.

Process Evaluation Question 2: Is there bias in programme participation: i.e., are some programme beneficiaries more engaged in the programme than others?

Attendance. Originally, programme-wide attendance analyses intended to include March, April, May, June, July, and August. However, it was not possible to include March in programme-wide analyses of attendance relationships, as the Lavender Hill site failed to submit attendance registers that month. For this reason, the first month of programming was excluded from this analysis. Further, due to the higher attendance rates at the Khayelitsha site (due to more open days per week), partial correlation was conducted in order to control for the higher attendance. Non-attendance and drop-out included all available months, and utilised bivariate correlations, as they were not as likely to be confounded by early missing attendance data, or unequal attendance opportunities. Bootstrapped confidence intervals were conducted in order to generate robust indicators of relationships for all partial correlations and bivariate correlations in the face of non-normal attendance data.

Partial correlations revealed that, after controlling for the attendance at the Khayelitsha site, programme attendance was:

- Negatively related ($r = -.39, p = .003$) to beneficiary gender. This meant that being female was associated with lower beneficiary attendance.
- Positively related ($r = .39, p = .003$) to beneficiary age. This means that the older the beneficiary was, the lower beneficiary attendance would be (due to coding).
- Negatively related ($r = -.43, p = .001$) to beneficiary grade. This meant that the higher the beneficiary grade, the lower beneficiary attendance would be.
- Positively related ($r = .28, p = .032$) to reporting lack of food in the last 30 days. This meant that a report of going without food in the 30 days before the baseline assessment, was associated with higher beneficiary attendance.

Table 3

Partial Correlation of Intervention Beneficiary Attendance (n = 59)

Variable Type	Indicator	<i>r</i> [95% CI Bca]	<i>p</i>	<i>n</i>
Demographic	Gender (0: Male, 1: Female)	-.39 [-.60, -.17]	.003**	58
	Age	-.39 [-.57, -.18]	.003**	56
	Grade	-.43 [-.59, -.28]	.001**	59
Poverty	Child Support Grant (0: No/Don't Know, 1: Yes)	-.11 [-.34, .19]	.417	59
	Lack of Food in Previous 30 Days (0: No, 1: Yes 1/Yes5)	.28 [.03, .49]	.032*	59
	Lack of School Supplies or Clothes (0: No, 1: Yes)	-.19 [-.41, .08]	.149	58
Home Risk	Feels Safe at Home (0: Mostly Not/ Definitely Not, 1: Mostly/ Definitely)	.14 [-.08, .35]	.290	58
	Violence at Home	.18 [-.11, .43]	.182	58
School Risk	Feels Safe at School (0: Mostly Not/ Definitely Not, 1: Mostly/ Definitely)	.07 [-.15, .28]	.600	58
Community Risk	Feels Safe in Community (0: Mostly Not/ Definitely Not, 1: Mostly/ Definitely)	-.01 [-.25, .23]	.982	58
	Traumatic Events in the Last 6 Months	.19 [-.06, .39]	.168	57
	Involved in Other Recreational Activities (0: No, 1: Yes)	.14 [-.04, .29]	.305	59
Coping Strategy	Physical Activity when Distressed (0: No, 1: Yes)	.04 [-.18, .27]	.741	59

Notes. Controlling for attendance differences at the Khayelitsha site. All correlations were 2-tailed: * Significant .05; ** Significant .01.

Non-attendance. Descriptive statistics revealed 4 (6.8%) beneficiaries in the intervention group, did not attend. Bivariate correlation revealed that non-participation was not related to any indicators of risk or trauma.

Drop-out. Descriptive statistics revealed 21 (35.6%) beneficiaries in the intervention group dropped out before the month of August. Bivariate correlations revealed that beneficiary drop-out was:

- Positively related ($r = .47, p < .001$) to beneficiary gender. This meant that being female was associated with drop-out.
- Negatively related ($r = -.34, p = .013$) to traumatic events in the last 6 months. This meant that a higher trauma score was associated with not dropping out.
- Negatively related ($r = -.30, p = .026$) to using physical activity as a coping strategy. This meant that using physical activity as a coping strategy was associated with not dropping out.

Table 4

Bivariate Correlation of Intervention Beneficiary Drop-Out (n = 55)

Variable Type	Indicator	<i>r</i> [95% CI Bca]	<i>p</i>	<i>n</i>
Demographic	Gender (0: Male, 1: Female)	.47 [.21, .68]	<.001**	54
	Age	-.26 [-.51, -.01]	.062	52
	Grade	.06 [-.21, .27]	.670	55
Poverty	Child Support Grant (0: No/Don't Know, 1: Yes)	.19 [-.08, .45]	.162	55
	Lack of Food in Previous 30 Days (0: No, 1: Yes 1/Yes5)	-.17 [-.44, .12]	.219	55
	Lack of School Supplies or Clothes (0: No, 1: Yes)	.62 [-.29, .16]	.622	54
Home Risk	Feels Safe at Home (0: Mostly Not/ Definitely Not, 1: Mostly/ Definitely)	-.03 [-.29, .22]	.822	54
	Violence at Home	-.14 [-.37, .14]	.328	54
School Risk	Feels Safe at School (0: Mostly Not/ Definitely Not, 1: Mostly/ Definitely)	.15 [-.14, .40]	.272	54
Community Risk	Feels Safe in Community (0: Mostly Not/ Definitely Not, 1: Mostly/ Definitely)	.20 [-.06, .43]	.152	54
	Traumatic Events in the Last 6 Months	-.34 [-.53, -.12]	.013*	53
	Involved in Other Recreational Activities (0: No, 1: Yes)	-.14 [-.41, .17]	.301	55
Coping Strategy	Physical Activity when Distressed (0: No, 1: Yes)	-.30 [-.46, -.14]	.026*	55

Notes. All correlations were 2-tailed: * Significant .05; ** Significant .01.

Process Evaluation Question 3: Was the programme delivered with fidelity to the programme design?

At the time of the July review, Khayelitsha Coaches completed 86% of their duties, including: submission of PAIP case forms (86%), completion of home visits (83%), completion of self-assessments (96%), and the identification of beneficiaries to work with (76%). Over 5 months, the average absence was 3.5 days.

At the time of the July review, Masiphumelele Coaches completed 59% of their duties, including: submission of PAIP case forms (63%), completion of home visits (51%), completion of self-assessments (72%), and the identification of beneficiaries to work with (51%). Over 5 months, the average absence was 3 days.

At the time of the July review, Lavender Hill Coaches completed 68% of their duties, including: submission of PAIP case forms (61%), completion of home visits (48%), completion of self-assessments (83%), and the identification of beneficiaries to work with (81%). Over 5 months, the average absence was 6.6 days. Table 5 lists individual Coach performance.

At the time of the July review, Khayelitsha Coaches scored an average of 4.2/5 across the core competency domains of Professionalism, Strength Building and Interaction with Beneficiaries and the Community.

At the time of the July review, Masiphumelele Coaches scored an average of 3.1/5 across the core competency domains of Professionalism, Strength Building and Interaction with Beneficiaries and the Community.

At the time of the July review, Lavender Hill Coaches scored an average of 2.6/5 across the core competency domains of Professionalism, Strength Building and Interaction with Beneficiaries and the Community. Table 6 lists individual Coach performance on core competencies, as rated by 2 supervisors who work directly with each site.

Table 5

Coach Performance Percentage, Related to Completion of Essential Tasks and Absence (N = 15)

Site	Coach	PAIP Form %	Home Visits %	Self- Assessments %	Participant Identification %	Absence (Days)
Khayelitsha	1	100	77	93	77	1
	2	100	82	100	100	3
	3	69	75	85	75	8
	4	81	81	100	56	3
	5	67	83	100	75	4
	6	100	92	100	75	2
Masiphumelele	1	63	43	78	55	1
	2	64	47	64	39	2
	3	70	66	76	60	4
	4	57	47	68	48	5
Lavender Hill	1	58	68	80	85	3
	2	56	62	69	69	1
	3	52	47	83	83	13
	4	46	31	84	69	16
	5	92	33	100	100	0

Table 6

Coach Performance on Core Competency Categories as Rated by Supervisors (N = 15)

Site	Coach	Professionalism	Strength Building	Interaction with Beneficiaries and the Community	Total
Khayelitsha	1	3.5	4.7	4.0	4.1
	2	4.2	4.2	4.3	4.2
	3	4.0	4.2	4.3	4.2
	4	4.2	4.8	4.7	4.6
	5	4.5	4.2	4.3	4.3
	6	3.3	3.2	3.3	3.3
Masiphumelele	1	3.3	3.3	3.0	3.2
	2	-	-	-	-
	3	2.5	3.0	3.5	3.0
	4	3.3	3.3	3.0	3.0
Lavender Hill	1	3.1	3.4	2.8	3.1
	2	-	-	-	-
	3	3.6	2.9	2.8	3.1
	4	2.2	2.2	1.0	1.8
	5	2.5	2.7	2.0	2.4

Descriptive data from beneficiary interviews ($N = 88$) related to feelings about the Coaches and the programme were also examined.

During interviews, beneficiaries rated Coaches on a 7-point Likert-type scale, ranging from 1 (Awful), to 7 (Amazing).

Khayelitsha Coaches received an average rating of 5.91. Masiphumelele Coaches received an average rating of 5.78. Lavender Hill Coaches received an average rating of 5.65.

Across all sites 49% of beneficiaries who were interviewed claimed to have learned new things about themselves - 44% stated an example related to behaviour, self-control, communication, respect, smart choices, drug avoidance, or gang avoidance.

Outcome Evaluation

Intention to treat, multiple imputation, and a robust approach. Multiple imputation was conducted using the procedure on SPSS 22. First, analysis of patterns was conducted in order to determine whether there was a pattern to any of the missing data. Pattern analysis did not suggest that there were any significant patterns to the missing data, however this was not absolutely clear. A conservative approach was taken, allowing SPSS to scan the data for patterns again, and to select the appropriate procedure. The Fully Conditional Specification was selected. This method uses regression to predict the missing values from the rest of the dataset – this suggested that there was no pattern to the missing values present in the dataset. The multiple imputation procedure produced 5 imputations. These 5 imputations were then used in conjunction with an analysis of the original dataset. The original data was used in order to produce bootstrapped confidence intervals for all estimated marginal means produced in the analyses. This was done to support robust interpretation of effects in light of any violation of equality of variance and non-normality. If both the imputed analysis and the analysis of the original dataset were in agreement, this would support the presence of a programme effect, and the interpretation of the bootstrapped estimated marginal means. If only the original analysis produced an effect, this would be discarded as the possible effect of bias. If only the imputed analysis produced an effect, this would suggest that a programme effect may have occurred, but bootstrapped confidence intervals would not be available to confirm this.

Independent samples t-tests revealed that there was no difference between the intervention group and the waitlist group at baseline assessment on the subscales of the Children's Hope Scale, the Strengths and Difficulties Questionnaire, or the subscales of the Social and Health Assessment.

Outcome Evaluation Question 1: Compared to those on the waiting list, did the programme lead to enhanced psychosocial wellbeing?

When beneficiary agency was assessed, there was no significant main effect for Group, and no interaction between Group and Site (Table 7). This meant that the intervention had no effect on beneficiary agency. However, there was a significant main effect for site. Observation of the estimated marginal means (Table 8) suggested that Lavender Hill scored significantly higher than both Masiphumelele and Khayelitsha on the Agency subscale.

Table 7

Results of Factorial ANCOVA for Agency Subscale Post-Assessment

Variable	<i>F(dfM,dfR)</i>	<i>p</i>	η^2	Mi ₁	Mi ₂	Mi ₃	Mi ₄	Mi ₅
Agency Baseline	.33(1,90)	.567	.004	√	√	√	√	√
Group	.01(1,90)	.958	.000	√	√	√	√	√
Site	9.18(2,90)	<.001*	.169	√	√	√	√	√
Group*Site	.42(2,90)	.658	.009	√	√	√	√	√

Notes. * Significant .05; ** Significant .01.

Table 8

Estimated Marginal Means for Main Effect of Site on Agency Subscale Post-Assessment

Site	<i>M</i> [95% CI BCA]	Site	<i>MD</i> [95% CI BCA]	<i>SE</i>	<i>p</i>
Khayelitsha	6.73 [6.20, 7.25]	Masiphumelele	-.24 [-1.20, .72]	.463	.62
		Lavender Hill	-2.13 [-3.00, -1.17]	.490	.002*
Masiphumelele	6.97 [6.25, 7.71]	Khayelitsha	.24 [-.68, 1.13]	.463	.62
		Lavender Hill	-1.89 [-2.86, -.79]	.528	.004*
Lavender Hill	8.86 [7.98, 9.64]	Khayelitsha	2.13 [1.11, 3.05]	.490	.002*
		Masiphumelele	1.89 [.78, 2.87]	.528	.004*

Notes. * Significant .05; ** Significant .01.

When beneficiary pathway thinking was assessed, there was no significant main effect for Group or Site, and no interaction between Group and Site (Table 9). This meant that the intervention had no effect on beneficiary Pathways thinking, and the sites did not differ at post-assessment. The Pathways baseline assessment was a significant predictor of SDQ post-assessment (Table 9).

Table 9

Results of Factorial ANCOVA for Pathway Subscale Post-Assessment

Variable	$F(dfM, dfR)$	p	η^2	Mi ₁	Mi ₂	Mi ₃	Mi ₄	Mi ₅
Pathway Baseline	4.72(1,90)	.032*	.050		√	√	√	√
Group	.22(1,90)	.637	.002	√	√	√	√	√
Site	.41(2,90)	.668	.009	√	√	√	√	√
Group*Site	.25(2,90)	.779	.006	√	√	√	√	√

Notes. * Significant .05; ** Significant .01.

When beneficiary strengths and difficulties was assessed, there was no significant main effect for Group or Site, and no interaction between Group and Site (Table 10). This meant that the intervention had no effect on beneficiary Strengths and Difficulties, and the sites did not differ at post-assessment. The SDQ baseline assessment was a significant predictor of SDQ post-assessment (Table 10).

Table 10

Results of Factorial ANCOVA for SDQ Post-Assessment

Variable	$F(dfM, dfR)$	p	η^2	Mi ₁	Mi ₂	Mi ₃	Mi ₄	Mi ₅
SDQ Baseline	19.33(1,86)	<.001*	.184	√	√	√	√	√
Group	1.71(1,86)	.194	.020	√	√	√	√	√
Site	1.68(2,86)	.193	.038	√	√	√	√	√
Group*Site	.58(2,86)	.563	.013	√	√	√	√	√

Notes. * Significant .05; ** Significant .01.

Outcome Evaluation Question 2: Compared to those on the waiting list, did the programme lead to reduced antisocial behaviour and association with antisocial peers?

When beneficiary social behaviour was assessed, there was no significant main effect for Group, and no interaction between Group and Site (Table 11). This meant that the intervention had no effect on beneficiary antisocial behaviour. However, there was a significant main effect for site in the majority of imputed datasets. Observation of the pooled estimated marginal means (Table 12), suggested that Lavender Hill scored significantly higher than both Masiphumelele and Khayelitsha on antisocial behaviour, however only the pooled mean values should be interpreted, as 95% confidence intervals were available for these, but not the pooled mean difference. The SAHA Personal baseline assessment was a significant predictor of SDQ post-assessment (Table 11).

Table 11

Results of Factorial ANCOVA for SAHA Personal Post-Assessment

Variable	$F(dfM, dfR)$	p	η^2	Mi ₁	Mi ₂	Mi ₃	Mi ₄	Mi ₅
SAHAPersonal Baseline	13.75(1,81)	<.001*	.145	√	√	√	√	√
Group	1.12(1,81)	.294	.014	√	√	√	√	√
Site	.91(2,81)	.407	.022		√			
Group*Site	.83(2,81)	.828	.020	√	√	√	√	√

Notes. * Significant .05; ** Significant .01.

Table 12

Pooled Imputed Estimated Marginal Means for Main Effect of Site on SAHA Personal Post-Assessment

Site	Pooled M [95% CI]	Site	Pooled MD**	SE	p_m^{***}
Khayelitsha	5.37 [3.36, 7.38]	Masiphumelele	-2.34	1.46	.32
		Lavender Hill	-4.07	1.55	.028*
Masiphumelele	7.70 [5.62, 9.78]	Khayelitsha	2.34	1.46	.32
		Lavender Hill	-1.73	1.59	.736
Lavender Hill	9.44 [7.15, 11.73]	Khayelitsha	4.07	1.55	.028*
		Masiphumelele	1.73	1.59	.736

Notes. * Significant .05; ** Significant .01. Confidence intervals not available for pooled mean difference. *** Mean significance value across 5 imputations.

There was no significant main effect for Group, and no interaction between Group and Site (Table 13). This meant that the intervention had no effect on beneficiary antisocial behaviour. However, a significant main effect for site emerged in the majority of imputed datasets, although observation of pooled estimated marginal means could not establish this (Table 14). The SAHA Personal baseline assessment was a significant predictor of SDQ post-assessment (Table 13).

Table 13

Results of Factorial ANCOVA for SAHA Peer Post-Assessment

Variable	$F(dfM, dfR)$	p	η^2	Mi ₁	Mi ₂	Mi ₃	Mi ₄	Mi ₅
SAHAPeer	28.29(1,88)	<.001*	.243	√	√	√	√	√
Baseline								
Group	.06(1,88)	.801	.001	√	√	√	√	
Site	1.87(2,88)	.161	.041		√			√
Group*Site	1.29(2,88)	.280	.029	√	√	√	√	√

Notes. * Significant .05; ** Significant .01.

Table 14

Pooled Imputed Estimated Marginal Means for Main Effect of Site on SAHA Peer Post-Assessment

Site	<i>Pooled M</i> [95% CI]	Site	<i>Pooled MD</i> **	<i>SE</i>	<i>p_m</i> ***
Khayelitsha	13.73 [12.35, 15.10]	Masiphumelele	-1.87	1.04	.210
		Lavender Hill	-2.24	1.13	.132
Masiphumelele	15.59 [14.10, 17.08]	Khayelitsha	1.87	1.04	.210
		Lavender Hill	-.37	1.27	.962
Lavender Hill	15.96 [14.13, 17.78]	Khayelitsha	2.24	1.13	.132
		Masiphumelele	.37	1.27	.962

Notes. * Significant .05; ** Significant .01. Confidence intervals not available for pooled mean difference. *** Mean significance value across 5 imputations.

Correlations were analysed to determine whether the relationships between the outcome variables had changed. The evidence presented in tables 15 and 16 suggest that the intervention group has gained a greater degree of coherence between the Hope subscales and, and the SDQ subscales at post-assessment, with twice the number of correlations present at post-test, when compared to the wait-list group.

Table 15

Bivariate Correlations of Intervention and Wait-list Group on Pooled Indicators of Wellbeing and Pooled Baseline Assessment Indicators of Antisocial Behaviour and Association with Antisocial Peers (n = 59)

Hope Subscales	SDQ Subscales	<i>r Intervention</i>	<i>r Wait-List</i>		<i>SAHA Scales</i>	<i>r Intervention</i>	<i>r Wait-List</i>
Agency	Prosocial	-.06	.14	Agency	SAHA Personal	-.25	-.10
	Hyperactivity	.05	-.24		SAHA Peer	-.28*	-.15
	Emotional	.20	-.26				
	Conduct Problems	-.01	-.20				
	Peer Problems	-.19	-.29*				
	SDQ Total	.05	-.26				
Pathways	Prosocial	.23	-.07	Pathways	SAHA Personal	-.12	-.02
	Hyperactivity	-.10	.05		SAHA Peer	-.16	-.08
	Emotional	-.05	-.10				
	Conduct Problems	-.06	-.11				
	Peer Problems	-.06	-.09				
	SDQ Total	-.10	-.04				

Notes. * Significant .05; ** Significant .01.

Table 16

Bivariate Correlations of Intervention and Wait-list Group on Pooled Indicators of Wellbeing and Pooled Post-Assessment Indicators of Antisocial Behaviour and Association with Antisocial Peers (n = 59)

Hope Subscales	SDQ Subscales	<i>r Intervention</i>	<i>r Wait-List</i>		<i>SAHA Scales</i>	<i>r Intervention</i>	<i>r Wait-List</i>
Agency	Prosocial	.31*	-.13	Agency	SAHA Personal	-.26	-.08
	Hyperactivity	-.35*	-.11		SAHA Peer	-.08	-.23
	Emotional	-.05	-.02				
	Conduct Problems	-.22	-.13				
	Peer Problems	-.23	-.33*				
	SDQ Total	-.29*	-.15				
Pathways	Prosocial	.44**	.31*	Pathways	SAHA Personal	-.04	-.02
	Hyperactivity	.03	.04		SAHA Peer	-.07	-.09
	Emotional	.04	.13				
	Conduct Problems	.03	-.04				
	Peer Problems	.09	.09				
	SDQ Total	-.02	.14				

Notes. * Significant .05; ** Significant .01.

CHAPTER FOUR

DISCUSSION

The discussion presented here is divided between the process evaluation and outcome evaluation. First, the findings of the outcome evaluation are presented. This is followed by the presentation of the findings of the process evaluation and a discussion of its bearing on the findings of the outcome evaluation. The feasibility of the Waves for Change programme to realise their desired outcomes for beneficiary children will be discussed. Limitations of this evaluation and recommendations for future monitoring and evaluation activities will conclude the evaluation.

Outcome Evaluation Findings

An intention to treat analysis was used to determine whether the Waves for Change Surf Therapy programme was effective in achieving its proposed outcomes under real-world conditions. No improvement in any measure of psychosocial wellbeing in the intervention group, over and above the wait-list group, was evident. Further, the analysis found no reduction in indicators of antisocial behaviour or association with antisocial peers in the intervention group, compared to the wait list control group.

Site differences were, however, evident. Higher agency – an indicator of psychosocial wellbeing – was found for Lavender Hill compared to the other two sites. Regarding antisocial behaviour, Lavender Hill reported more antisocial behaviour than Khayelitsha beneficiaries. This was an effect found for children and adolescents from both the intervention group and the wait-list control group from the Lavender Hill school. This was not affected by the intervention. This suggested that something about the school or the community, rather than the programme, was likely responsible for this change.

Examination of the relationship between subscales, like agency and pathways thinking, and subscales of strengths and difficulties suggested that those in the intervention group showed a greater coherence in their responses. Positive cognitive states, like greater agency, were associated with lower hyperactivity, greater prosocial behaviour, and lower overall life-difficulties. This set of relationships was not visible in the wait-list. It should be noted that these were not analyses designed to determine the difference between groups, but the conservative approach of the

intention to treat analysis gives some power to suggest that this may have been a programme effect. Even a short duration of exposure to the psychosocial curriculum, may have been sufficient to increase the psychologisation of the participants, by providing them with a more elaborate framework for understanding themselves and the world around them. Interview data supports this. Nearly half of the beneficiaries who were interviewed, claimed to have learned something about themselves. Further, beneficiaries provided examples related to their behaviour, communication, or treatment of others.

However, this is only a small – and tentative – indication of programme effect. The body of the findings of the outcome evaluation indicate that, under the real-world conditions of the programme, the intervention did not significantly enhance the psychosocial wellbeing of the beneficiaries, and did not reduce beneficiary (self-reported) antisocial behaviour or association with antisocial peers.

These findings do not mean that the Waves for Change Surf Therapy programme does not have the potential to improve outcomes for programme beneficiaries. An exploration of the findings of the process evaluation in light of relevant literature is necessary to inform possible reasons for absent findings in the outcome evaluation.

Process Evaluation Findings

Referral. The findings of the process evaluation suggested that the majority of the children referred to Waves for Change in 2015:

- lived in conditions of poverty
- were male
- were younger than 13 years of age
- had inadequate access to food and necessary school supplies or clothes
- were regularly exposed to traumatic events, and;
- did not feel safe within their communities.

Poverty in the present case, was not an indicator that a child or adolescent would become persistently antisocial, but poverty puts significant pressure on families and communities, and interacts with other risk factors and exacerbates these risk factors (Ward et al., 2013). Families in these conditions are likely to have insufficient resources to support child development – this emerged as a lack of food and other necessities. Further, this pressure may cause some to seek unlawful and antisocial means of meeting daily needs. Unsafe communities, in turn, place additional pressure on families. Males, who grow up in these conditions, are suggested to be at greater risk of developing antisocial behaviour due to gender socialisation processes that encourage them to externalise their difficulties by being aggressive, or fighting with others (Anderson & Bushman, 2002). Further, children who are exposed to antisocial behaviour in middle childhood or adolescence, are at risk of developing antisocial behaviour, by adopting it as a strategy for navigating their lives (Fairchild et al., 2013; Hawkins et al., 2000; Moffit, 1993; Shahinfar et al., 2001).

This evidence suggests that referrals were appropriately targeted. Further, the majority of participants claim to have joined the programme because they wanted to learn to surf. Evidence suggests that this type of voluntary participation is important for beneficiary engagement. This suggests that referral was unlikely to have mitigated the effectiveness of the programme through

inappropriate beneficiary selection. In order to explain the results of the outcome evaluation, we must look to programme delivery and engagement.

Programme Delivery. Once the appropriate participants arrived at the programme, Coaches should have been capable of producing an experience that was consistent, structured and supportive (Lawson, 2005; Serido, Borden, & Perkins, 2009).

Findings from Coach review data suggested that Khayelitsha completed over 85% of their duties. Lavender Hill completed just under 70% of their duties, and Masiphumelele completed just under 60% of their activities. See the partnering evaluation by Rolfe (2015) for more analyses of this. Khayelitsha Coaches continued to score adequately across core competencies of professionalism, strength building, and interaction with beneficiaries and the community, with a score of 84%. Masiphumelele followed with a score of 62%, and Lavender Hill performed the worst with a score of 52%.

It is important to produce an environment that is controlled by Coaches who are viewed as sources of consistency and structure (Lawson, 2005; Serido et al., 2009). Khayelitsha's performance suggests that they likely produced a suitably consistent structure, and that the other sites may not have achieved this. It is possible that periods of inadequate structure at the Masiphumelele and Lavender Hill sites detracted from the programmes effect.

Further, participant evaluation of child feelings about the Coaches suggested that Coaches were well-loved at the Khayelitsha site, and were less well-liked at both Masiphumelele and Lavender Hill. It is suggested that an emancipatory authority relationship with Coaches allows a safer space for at-risk children and adolescents (Lawson, 2005; Serido et al., 2009). The above findings suggest that the Khayelitsha site performed best in their interaction with beneficiaries, and likely succeeded in producing a supportive relationship. It is unclear whether the other sites were successful in this regard, but this may have contributed to a reduced programme effect at these sites.

Despite the good performance of the Khayelitsha site noted so far, the Khayelitsha site was subject to a number of other compromises that were observed across all 3 sites.

First, site managers reported that Coaches across all sites did not successfully deliver all teachable moments in March and April. This was suggested to be because of the inexperience of some of the new Coaches. This appeared to improve as Coaches gained additional experience and support at these two sites.

Further, despite attending training each week in order to deliver the psychosocial curriculum, Coaches were not always able to guide participants to the intended lesson. An example of this is a lesson intended to teach participants about discrimination. This lesson was intended to promote empathy by producing artificial inequality during a game, followed by a discussion about how that may have felt.

Coaches were observed during the training of this particular session, and they expressed difficulty in understanding the concept of empathy – this was not adequately addressed. Because the Coaches did not fully understand the concept of empathy, beneficiaries were encouraged to simply reframe their categories of other people, and this resulted in the entrenchment of xenophobic views and a more refined means of categorising others, rather than the promotion of empathy and equality.

The language used during training may have been a likely factor. This was often too sophisticated for the Coaches to understand, and during the observed session, Coaches appeared confused. This may be due to the fact that training was framed from a relatively western psychologised perspective. This evidence suggests that many of the more psychologised lessons in the curriculum may have been delivered at an inappropriate level for both Coaches and beneficiaries. This likely curtailed the quality of the psychosocial curriculum that beneficiaries received, and contributed to a reduced programme effect.

Second, Coaches often decided to partition activities between themselves, or decided to forego certain activities altogether. More senior Coaches at some of the sites would delegate their job roles to more junior Coaches. There were also reports of Coaches leaving the beach early, or arriving late. The result of this process of delegation and selective execution of job-roles, was that there were not a sufficient number of Coaches on the beach for the number of beneficiaries. This meant that, sometimes, beneficiaries would receive a reduced service – or no service at all. This likely contributed to a reduced programme effect.

Bias in programme participation and transportation. Beneficiaries could attend 2 sessions per week. One of these sessions was a psychosocial curriculum session, and the other was a teachable moment. This is in keeping with evidence, which suggests that children and adolescents should participate in sport a minimum of 2 times per week or from 3 to 6 hours per week in order to realise benefits to wellbeing (Steptoe & Butler, 1996; Sanders et al., 2000).

On average, across all 3 sites, beneficiaries attended a total of between 14 sessions and 25 sessions (out of a possible 64). Masiphumelele performed at the top of that range, followed by Lavender Hill, with Khayelitsha at the bottom of the range. Considering that participants could attend the programme at least 2 days a week, for 32 weeks, the average beneficiary attended less than half of the available sessions, and likely experienced fewer than half of the psychosocial curriculum sessions. Reports from Coaches support this, and suggested that some participants purposefully avoided the psychosocial curriculum sessions, and only attended on days reserved for surfing. Only 7% of the beneficiaries did not attend a single session, and 35% of beneficiaries dropped out of the programme before August of 2015.

This evidence suggests that only the Masiphumelele site achieved attendance rates relatively close to the recommended range. Observations of the site suggest that higher attendance at Lavender Hill and Masiphumelele may be due to the regular provision of transportation. Reports from Coaches support this, and suggested that many beneficiaries at the Khayelitsha site were under the impression that transport would be available to take them to the beach. Due to the fact that the programme lacked the necessary resources to provide this service, Coaches were instructed to escort participants the 1 mile distance from the school to the beach. However, Coaches stopped walking children to the beach soon after the programme commenced, and they did not resume, despite instruction to do so. Coaches reported that beneficiaries in Khayelitsha viewed the walk as dangerous, and that this contributed to the drop-out and poor attendance experienced at the Khayelitsha site, especially for female beneficiaries. This likely contributed to a reduced programme effect at the Khayelitsha site.

Weather. Observation of average monthly attendance rates suggests that the cold and rainy weather in June and July, may have contributed to reduced attendance. Attendance increased marginally during the month of August, when the weather began to improve. Reports from Coaches supported this contention, and suggested that some participants were unwilling to attend the beach because of the cold, and the lack of non-water activities.

Selective retention and drop-out. Findings from beneficiary attendance patterns, across all sites, suggested that males attended more sessions, younger children and children in lower grades attended more sessions, and children who reported going without food attended more sessions. Those who dropped out were more likely to be female, to have experienced less trauma and to be less likely to use physical activity to deal with upsetting events in their lives.

It is possible that, across the programme sites, younger children and children who had experienced frequent trauma, were more attracted to the programme activities. It is also possible that males were generally more attracted to surfing, and were more likely to accept physical activity as a good way of coping with anxiety and upsetting events. Food was likely an important draw for the majority of the children who attended the programme due to their lack of adequate nutrition at home and the fact that the programme provided meals for attendees. This evidence suggests that the programme naturally lends itself to attracting beneficiaries from the target population.

Recommendations

The evidence presented above can provide recommendations relevant across sites, and relevant within sites. Figure 17 – a product of the rapid evidence assessment produced by this evaluation – allows recommendations to be structured according to foundations of engagement, safety, soft-skills, social capital and motivational climate. Further, an additional layer can be added – this is organisational support.

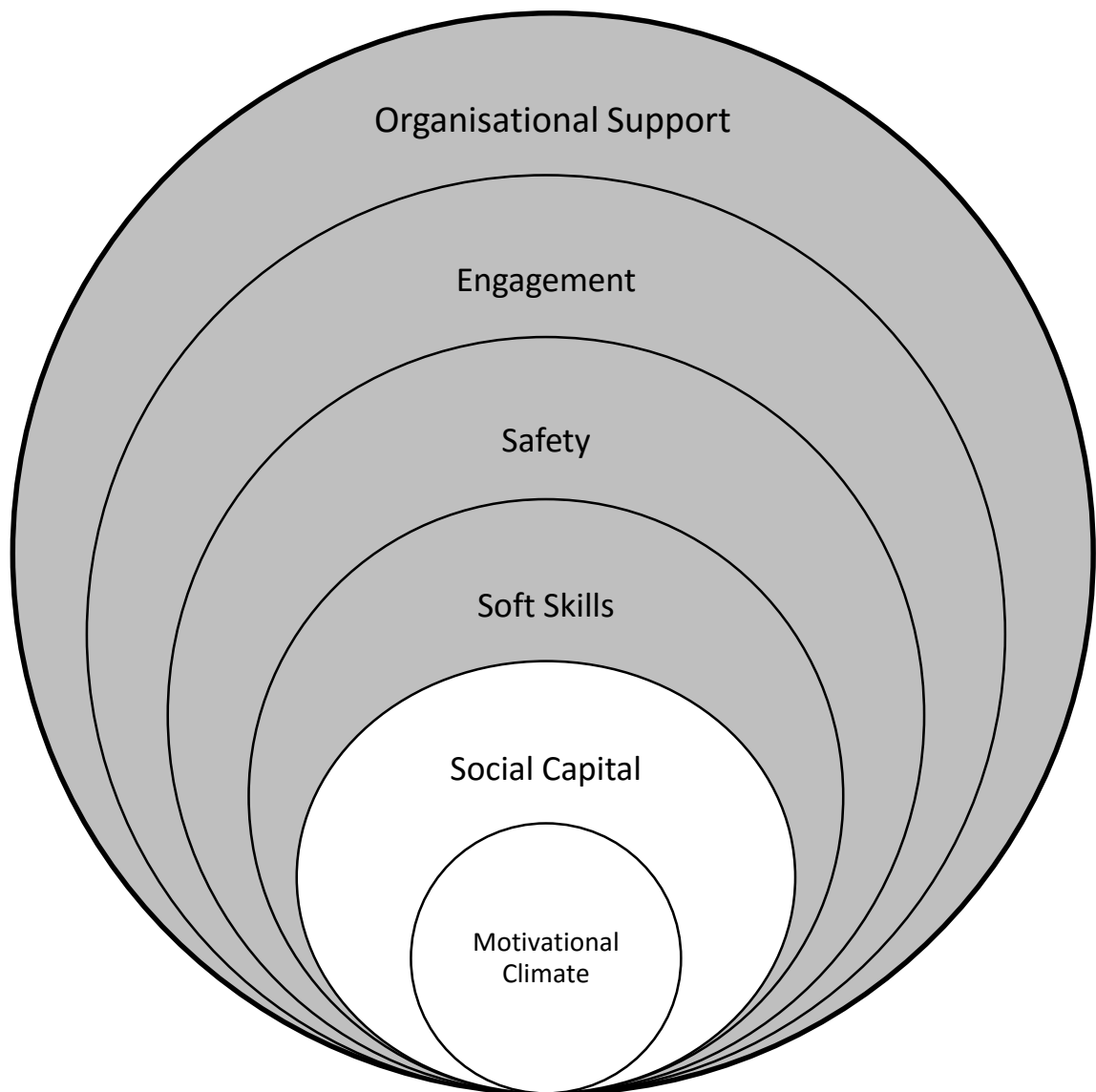


Figure 17. The requirements of a sport-for-development programme designed to enhance psychosocial wellbeing – areas compromised in grey.

Organisational support. The evidence presented in this chapter suggests that Waves for Change did not successfully ensure that Coaches fulfilled their duties. A number of meetings were held throughout the year, as Waves for Change grew and formalised.

Two consistent themes emerged during these meetings. The first was a change of job roles over time. And the second was confusion over daily tasks and responsibilities. This was reported across the organisation – from researchers, to operations managers, to site managers, to Coaches. The cause of this appeared to be an incoherent human resource management system. By this I mean that the organisation did not appear to have an adequate grasp of what knowledge, skills, abilities and other characteristics were needed for the successful operation of the programme.

The result of this was that staffing was not done in such a way that matched employees to the needs of the organisation. Office staff often expressed dissatisfaction that their specialist skills were not utilised by Waves for Change, and Coaches were often inconsistent in their behaviour, and uncertain about their responsibilities. Further, the organisation reported that many of the Coaches could not swim, or had personal difficulties that made it challenging for them to perform as intended. Training is needed in key performance areas, in order to address this shortfall.

Further, this evaluation recommends that Waves for Change develop a coherent set of policies and procedures, based on the goals and objectives of the organisation.

Armstrong's Handbook of Human Resource Management Practice is a useful best-practice source of information for producing human resource management policies and procedures, and establishing suitable job-descriptions and staffing practices (Armstrong & Taylor, 2014).

Engagement and safety. Waves for Change must improve factors relevant for engagement and safety. These include barriers to beneficiary attendance.

Beneficiaries must attend a minimum of 2 sessions per week, and must attend psychosocial curriculum sessions. First, if beneficiaries are more attracted to days where they can surf, it may be worthwhile to conduct psychosocial curriculum sessions on the beach – this should provide some incentive, as the majority of beneficiaries claimed to have joined in order to surf. In order to

support this, it may also be worthwhile to introduce a token economy (Maggin, Chafouleas, Goddard, & Johnson, 2010).

A token economy is a common child-management technique that associates a desired behaviour with a reward. In this case, the desired behaviour would be attendance at psychosocial curriculum sessions. It is important that selection of rewards are perceived by beneficiaries as sufficiently valuable to ensure adherence. However, this must be done carefully, so as to avoid systematically rewarding some beneficiaries, and excluding others. It is important that the rules of the token economy be implemented with absolute consistency – if the economy is implemented inconsistently, the reward value of the economy will be lost. It may be also be worthwhile introducing beach games for beneficiaries who do not wish to surf. This may be especially valuable during poor weather, where some children may not wish to get in the water.

However, these recommendations will have little impact if beneficiaries feel uneasy about making their way to the programme. Safety is of the utmost importance. It is important that the organisation review their transportation strategy at the Khayelitsha site. Further, Waves for Change must ensure that all Coaches are present on the beach when children are in the water. It is unlikely that the presence of a single Coach is adequate to ensure the safety of over a dozen beneficiaries.

Soft-skills and training. Coaches must develop adequate soft-skill as youth-care workers. This may be gained through experience and education as youth-care workers. Further, Coaches must develop competence in delivering the psychosocial curriculum. Some of this may be achieved by improving curriculum training so that Coaches gain a more complete understanding of the core concepts. Language used in training should be adapted for the diverse communities that ultimately need to receive the curriculum and make some sense of it.

A note on recruitment. Some drop out is inevitable. Currently, Waves for Change has a single intake at the beginning of the year, and then allows walk-in beneficiaries to join in Khayelitsha and Lavender Hill. While these walk-in beneficiaries may bolster the numbers in the programme, they do not receive the earlier parts of the psychosocial curriculum. It may be better to over-recruit by 30% at the beginning of the year.

Recommendations for monitoring. The monitoring system at Waves for Change is well-developed. However, there are a number of key adjustments that should be made to improve it.

First, attendance registers must be made easier to manage. At present, new beneficiaries who join the programme are added by someone who spends the majority of their time in the office. The result of this is that there is a disconnection between new names of walk-in beneficiaries, and the beneficiaries who attend. The accuracy of the attendance system could be improved if attendance lists were updated by the site managers. Site managers know the beneficiaries personally, and are unlikely to create duplicates, and systematically underestimate attendance.

Second, primary caregivers or teachers should be utilised more effectively as a means of tracking behavioural change. At present, teachers and primary caregivers only give feedback on particularly badly-behaved children. This is a consequence of how home visits and teacher visits are managed at present. Teachers and primary caregivers should be asked to rate a representative subsection of beneficiaries using a standardised inventory. An example of such a measure is included in Appendix G. This would vastly improve the organisation's ability to track antisocial behaviour.

Recommendations for evaluation. It may be beneficial to complete another post-test in 2016. This would allow Waves for Change to extend the evaluation, and detect any changes in beneficiaries that the present evaluation was too brief to detect.

Limitations of the Evaluation

First, although the present evaluation was able to follow the first year of programme participation, it was not able to continue beyond this point under the supervision of the University of Cape Town. Considering the relative youth of this programme, this limits the ability of this evaluation to detect changes in children and adolescents that may emerge over time.

Second, the research design used in this evaluation limits the findings to a subset of Waves for Changes participants – those who are identified at school. There may be differences between participants included in the RCT and beneficiaries who enter the programme through other means.

Third, due to the sensitive nature of the questions included in the battery and the interview schedule, socially desirable answers may have been elicited at baseline assessment, and more honest answers may have been elicited at post-assessment. This may itself be a programme effect, but this may have diminished any findings quality or effect size.

Fourth, Coach and beneficiary responses may have been affected by the performance appraisal expectations of the organisation.

Finally, due to the limited number of beneficiaries, the evaluation may not have had sufficient power to detect programme effects. Multiple imputation was used to correct this in the outcome evaluation, but this was often set at odds with the need for bootstrapped confidence intervals – due to non-normality in some of the measures. This means that the results of this evaluation should be interpreted in light of all of the evidence presented, and no single effect, or lack thereof, should be interpreted outside of the context of the process evaluation.

The Feasibility of the Waves for Change Surf Therapy Programme

The present evaluation did not find any significant effect of Surf Therapy on psychosocial wellbeing, or any reduction in antisocial behaviour and association with antisocial peers. This suggests that, for programme beneficiaries, programme delivery is not effective.

However, this does not suggest that the programme is not feasible, or that it doesn't make an important contribution.

Given the strong theoretical basis of the programme, and the accuracy of beneficiary targeting, the intervention is likely to be effective if it improves beneficiary attendance and the quality of programme delivery. Coach training and supervision will be instrumental in this undertaking.

Given the secure financial position of Waves for Change, and the talent of the core management team, it is likely that Waves for Change will be in a suitable position to use the present evaluation to address the weaknesses in its design and implementation.

Further, given the large number of children and adolescents who regularly attend the programme, Waves for Change should be credited with giving at-risk youth a healthy and exciting place to go, in communities with little to encourage health, and excitement that is often hurtful. Improved programme delivery can enhance the psychosocial outcomes for its intended beneficiaries.

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Appendix A

General Info

Name (s): Given (First Name) _____

Surname _____

DOB: DD/MM/YYYY _____

Gender: ☐ Male ☐ Female

School: _____

Grade: _____

Have you ever failed a grade? ☐ Yes ☐ No

If you have failed any grades, please write their number here: _____

Address: _____

Parent/ guardian (s) names: Given (First Name) _____ Surname _____

Please answer the following questions (circle all that apply unless otherwise noted):

1. Why did you join Waves4Change?

- ☐ Referred by teacher
- ☐ Friend told you about it
- ☐ Wanted to learn to surf
- ☐ Wanted to come for food
- ☐ Needed a safe place for after-school
- ☐ Other reason (write it down here) _____

2. Are you involved in any of the following?

- ☐ A sports team/club (e.g. soccer, cricket, rugby, running)
- ☐ A community group
- ☐ Cubs/ Brownies/ Scouts / Girl Guides
- ☐ Activities run by your religion/church/mosque (e.g. church youth group)
- ☐ Dance group
- ☐ Band/ Choir
- ☐ Other activity (write it down here) _____

3. If yes, think about the activity that is most important to you, and how often you have participated in the past 3 months. Have you participated:

- ☐ 1-2 times ☐ 3-5 times ☐ 5-7 times ☐ 8+

4. Do you know how to swim? ☐ Yes ☐ No

5. Do you know how to surf? ☐ Yes ☐ No

6. In general, how do you make yourself calm down after something bad has happened?

- ☐ Exercise / sports
- ☐ Crying
- ☐ Playing
- ☐ Reading
- ☐ Talking to someone
- ☐ TV
- ☐ Listening to music
- ☐ Prayer
- ☐ Using drugs/ alcohol
- ☐ Hurting yourself
- ☐ Something else (say what you do)_____

7. If you are feeling upset, sad or afraid, do you go and talk to anyone about it? ☐ Yes ☐ No

8. If YES, which of the following people do you go to?

- ☐ Friend
- ☐ Family Member
- ☐ Teacher
- ☐ Coach
- ☐ Pastor/Priest
- ☐ Adult in your area
- ☐ Social worker
- ☐ Counsellor
- ☐ No one
- ☐ W4C peer/mentor
- ☐ Somebody else (say who)_____

9. How many rooms are there in your home, like a bathroom, kitchen and other rooms?

10. Is there a male adult at home who you can discuss things with if you need to? ☐ Yes

☐ No

11. Is there a female adult at home who you can discuss things with if you need to? ☐ Yes
☐ No

12. Is there a sister or brother at home who you can discuss things with if you need to? ☐ Yes
☐ No

13. Is there a friend who you can discuss things with if you need to? ☐ Yes ☐ No

14. Does your family receive a child support grant? ☐ Yes ☐ No ☐ I don't know

15. Please answer the following questions about yourself (mark with an X):

	None of the time	Some of the time	Most of the time	All of the time
15.1. I think I am doing pretty well.				
15.2. I can think of many ways to get the things in life that are most important to me.				
15.3. I am doing just as well as other kids my age.				
15.4. When I have a problem, I can come up with lots of ways to solve it.				
15.5. I think the things I have done in the past will help me in the future.				
15.6. Even when others want to give up, I know that I can find ways to solve the problem.				

16. Please answer the following questions about yourself (mark with an X):

	Not true	Some what true	Certainly true
16.1. I try to be nice to other people. I care about their feelings.			
16.2. I am restless, I cannot stay still for long.			
16.3. I get a lot of headaches, stomach-aches or sickness			
16.4. I usually share with others (food, games, pens etc.)			
16.5. I get very angry and often lose my temper			

16.6. I am usually on my own. I generally play alone or keep to myself			
16.7. I usually do as I am told			
16.8. I worry a lot			
16.9. I am helpful if someone is hurt, upset or feeling ill			
16.10. I am constantly fidgeting or squirming			
16.11. I have one good friend or more			
16.12. I fight a lot. I can make other people do what I want			
16.13. I am often unhappy, down-hearted or tearful			
16.14. Other people my age generally like me			
16.15. I am easily distracted, I find it difficult to concentrate			
16.16. I am nervous in new situations. I easily lose confidence			
16.17. I am kind to younger children			
16.18. I am often accused of lying or cheating			
16.19. Other children or young people pick on me or bully me			
16.20. I often volunteer to help others (parents, teachers, children)			
16.21. I think before I do things			
16.22. I take things that are not mine from home, school or elsewhere			
16.23. I get on better with adults than with people my own age			
16.24. I have many fears, I am easily scared			
16.25. I finish the work I'm doing. My attention is good			

17. Please answer the following questions about yourself (mark with an X):

17.1. Do you ever eat less than you should because there is not enough money for food?	YES	NO
17.1.1. If YES, has it happened in the past 30 days?	YES	NO
17.1.2. If YES, has it happened 5 or more days in the past 30 days?	YES	NO
17.2. In the past year, have you ever felt like you do not have things that you really need (such as clothes, shoes, or school supplies) because there is not enough money at home?	YES	NO

18. In the past six months have you ever (mark with an X):

	Never	One time	Some times	Many times
18.1. Been physically attacked, mugged, or attacked with a dangerous weapon?				
18.2. Seen/heard people in your family physically fighting?				
18.3. Witnessed shooting with a gun or a stabbing, or any other kind of dangerous weapon?				
18.4. Had a family member who was arrested, put in jail or prison, or taken away by the police or other authorities?				
18.5. Been told repeatedly that you were worthless or not a good person?				
18.6. Has someone ever touched your body in a way you didn't want them to or in a way that made you uncomfortable?				

19. In the questions below, mark the one that applies to you with X

Over the past year, has anyone in the household kicked, bitten, slapped, hit with a fist, threatened with a weapon (knife, stick or gun), or thrown something that could hurt at another adult who lives here?

Yes	No
-----	----

If you answered YES, how often does this happen?

Happens every week 3	Happens at least once a Month 2	Happens Less often than once a month 1	It Never Happens 0

**20. During the past year, how many times have you
(mark with an X):**

	0 <u>Times</u>	1 <u>Time</u>	2 <u>Times</u>	3-4 <u>Times</u>	5 or More <u>Times</u>
20.1. Started a fight?	0	1	2	3-4	5+
20.2. Stolen anything from a store?	0	1	2	3-4	5+
20.3. Damaged or done graffiti on public or private property?	0	1	2	3-4	5+
20.4. Lied to a teacher to cover up something you did?	0	1	2	3-4	5+
20.5. Stayed out all night without permission?	0	1	2	3-4	5+
20.6. Lied to your parents or guardians about where you have been or who you were with?	0	1	2	3-4	5+
20.7. Bunked school without permission?	0	1	2	3-4	5+
20.8. Hurt someone badly in a physical fight so that they had to be treated by a doctor or nurse?	0	1	2	3-4	5+
20.9. Carried a gun?	0	1	2	3-4	5+
20.10. Been involved in gang fights?	0	1	2	3-4	5+
20.11. Been arrested by the police?	0	1	2	3-4	5+
20.12. Seen someone get shot or stabbed?	0	1	2	3-4	5+
20.13. Carried a blade, knife, or gun in school?	0	1	2	3-4	5+
20.14. Been suspended from school?	0	1	2	3-4	5+
20.15. Been <u>at school</u> after drinking alcohol?	0	1	2	3-4	5+

20.16. Been <u>at school</u> after taking drugs?	0	1	2	3-4	5+
20.17. Stolen a motorcycle or car?	0	1	2	3-4	5+

21. Please circle if the following statements are Definitely Not True for you, Mostly Not True for you, Mostly True for you, or Definitely True for you.

		Definitely <u>Not True</u>	Mostly <u>Not True</u>	Mostly <u>True</u>	Definitely <u>True</u>
21.1	I feel safe at my school.	1	2	3	4
21.2	I feel safe in my neighbourhood.	1	2	3	4
21.3	I feel safe in my home.	1	2	3	4

22. Please select the response that applies to your friends (mark with an X).

How many of your friends...		None of <u>Them</u>	A few of <u>Them</u>	Some of <u>Them</u>	Most or <u>All of them</u>
22.1	Get good grades in school?	1	2	3	4
22.2	Smoke cigarettes on a pretty regular basis?	1	2	3	4
22.3	Have dropped out of school before finishing high school?	1	2	3	4
22.4	Go out in the evening without their parents' permission?	1	2	3	4
22.5	Drink alcohol fairly regularly?	1	2	3	4

How many of your friends...

		None of <u>Them</u>	A few of <u>Them</u>	Some of <u>Them</u>	Most or <u>All of them</u>
22.6	Use dagga, tik, or other drugs?	1	2	3	4
22.7	Have had sex?	1	2	3	4
22.8	Have been in court for a crime?	1	2	3	4
22.9	Have bunked school a lot without permission?	1	2	3	4
22.10	Have been arrested by the police?	1	2	3	4

Thank you for your time and effort!

General Info

Name (s): Given (First Name) _____

Surname _____

DOB: DD/MM/YYYY _____

Gender: ☐ Male ☐ Female

School: _____

Grade: _____

Have you ever failed a grade? ☐ Yes ☐ No

If you have failed any grades, please write their number here: _____

Address: _____

Parent/ guardian (s) names: Given (First Name) _____ Surname _____

Please answer the following questions (circle all that apply unless otherwise noted):

1. Yintoni unobangela wokuba uzimanye ne Waves4Change?

- ☐ Wathunyelwa nguTitshala wakho
- ☐ Uxelelwe sisihlobo sakho
- ☐ Ufune ukufunda uSurfer
- ☐ Ufune uzela ukutya
- ☐ Ufune ndawo engcono xa kuphuma isikolo
- ☐ Ezinye izizathu (bhala apha) _____

2. Ingaba ubandanyekile nezizinto zilandelayo?

- ☐ Ungumdlali (Umzekelo, bhola, ibhola yomboxo, uyabaleka)
- ☐ A community group
- ☐ Cubs/ Brownies/ Scouts / Girl Guides
- ☐ Activities run by your religion/church/mosque (e.g. church youth group)
- ☐ Dance group
- ☐ Band/ Choir
- ☐ Ezinye ozenzayo (bhala apha) _____

3. Ukuba uthe Ewe, Cinge nge..... ezibalulekileyo kuwe, kwaye kukangaphi usiya kwezinyanga zintathu zidlulileyo ubusiya?

- ☐ 1-2 ngexesha ☐ 2-5 ngexesha ☐ 5-7 ngexesha ☐ 8+

4. Uzakwazi uqubha/udada? ☐ Ewe ☐ Hayi

5. Uyakwazi uSurfer? ☐ Ewe ☐ Hayi

6. Xa sesithetha, uzipholisa njani xa wehlelwe yinto embi?

- ☐ Yabaleka
- ☐ Uyalila
- ☐ Yadlala
- ☐ Yafunda
- ☐ Thetha nomntu
- ☐ Bukela mabona kude (TV)
- ☐ Mamela umculo
- ☐ Yathandaza
- ☐ Sebenzisa iziyobisi/dlomdlayo (ubutywalai)
- ☐ yazihlukumeza/uyazilimaza
- ☐ Enye into (Uye wenze ntoni) _____

7. Ukuba moya wakho upantsi, uqumbile okanye usoyika, uye uhambe uye emntwini uthethe ngayo?

- ☐ Ewe ☐ Hayi

8. Ukuba uthe Ewe, ngabaphi abantu oye uye kubo?

- ☐ Isihlobo
- ☐ Usapho
- ☐ Titshala (Umfundisi-ntsapho)
- ☐ Coach
- ☐ Umfundisi
- ☐ Umnyu omdala kwindawo ohlala kuyo
- ☐ Unontlalontle
- ☐ Counsellor
- ☐ No one
- ☐ W4C peer/mentor
- ☐ Omye umntu (ngubani) _____

9. Mangaphi amagumbi kwindlu ohlala kuyo, umzekelo ndawo yolala, ndawo yo pheka?

10. Ngabaphi kwoba abahlala nawo kwaye ingabaphi abaphangelayo (Phendula ngo X)?

	Abahlala nawe		Abaphangelayo (Part-time or full-time)		Abangaphengeliyo	
uMama	Ewe	Hayi	Ewe	Hayi	Ewe	Hayi
uTata	Ewe	Hayi	Ewe	Hayi	Ewe	Hayi

Stepmother	Ewe	Hayi	Ewe	Hayi	Ewe	Hayi
Stepfather	Ewe	Hayi	Ewe	Hayi	Ewe	Hayi
U'makhulu	Ewe	Hayi	Ewe	Hayi	Ewe	Hayi
uTamkhulu	Ewe	Hayi	Ewe	Hayi	Ewe	Hayi
Sisi wakho	Ewe	Hayi	Ewe	Hayi	Ewe	Hayi
Bhuti wakho	Ewe	Hayi	Ewe	Hayi	Ewe	Hayi
Abazalana nawe	Ewe	Hayi	Ewe	Hayi	Ewe	Hayi
Abanye abahla nawe	Ewe	Hayi	Ewe	Hayi	Ewe	Hayi

11. Ingaba ukhona umntu onguTata kowenu apho ungakwa ukuncokola naye izinto xa ufuna?

☐ Ewe ☐ Hayi

12. Ingaba ukhona umntu onguMama Kowenu apho ungakwazi ukuncokola naye izinto xa ufuna?

☐ Ewe ☐ Hayi

13. Ingaba ukhona umntu onguSisi okanye Bhuti Kowenu apho ungakwazi uncokola naye izinto xa ufuna? ☐ Ewe ☐ Hayi

14. Ingaba sikhona isihlobo apho ungakwazi uncokola naso izinto xa ufuna? ☐ Ewe ☐ Hayi

15. Ingaba usapho lakowenu liyayifumani imali ka rhulumente (grant)? ☐ Yes ☐ No ☐ I don't know

16. Cela phenclule oku kulandelayo malungo nawe (Phendula ngo X):

	None of the time	Some of the time	Most of the time	All of the time
16.1. Ndicinga ndenza kakuhle.				
16.2. Ndingacingo ngendlela ezininzi ukufumana izinto ezibalulekileyo ebominini bam.				
16.3. Ndenza ngendlela intanga zam zenzo ngazo/ngalo.				
16.4. Xo ndinengxoki, ndibane ndela ezininzi zokuyilungisa.				
16.5. Ndicinga izinto ebendizenza kudala (past) zizandinceda.				
16.6. Nangona abanye befuna uyeka, ndiyayazi ukuba ndingafumani ndlela yokulungisa ingxaki.				

17. Please answer the following questions about yourself (mark with an X):

	Not true	Some what true	Certainly true
17.1. I try to be nice to other people. I care about their feelings.			
17.2. I am restless, I cannot stay still for long.			
17.3. I get a lot of headaches, stomach-aches or sickness			
17.4. I usually share with others (food, games, pens etc.)			
17.5. I get very angry and often lose my temper			
17.6. I am usually on my own. I generally play alone or keep to myself			
17.7. I usually do as I am told			
17.8. I worry a lot			
17.9. I am helpful if someone is hurt, upset or feeling ill			
17.10. I am constantly fidgeting or squirming			
17.11. I have one good friend or more			
17.12. I fight a lot. I can make other people do what I want			
17.13. I am often unhappy, down-hearted or tearful			
17.14. Other people my age generally like me			
17.15. I am easily distracted, I find it difficult to concentrate			
17.16. I am nervous in new situations. I easily lose confidence			
17.17. I am kind to younger children			
17.18. I am often accused of lying or cheating			
17.19. Other children or young people pick on me or bully me			
17.20. I often volunteer to help others (parents, teachers, children)			
17.21. I think before I do things			
17.22. I take things that are not mine from home, school or elsewhere			
17.23. I get on better with adults than with people my own age			
17.24. I have many fears, I am easily scared			
17.25. I finish the work I'm doing. My attention is good			

18. Cela uphendule oku kulandelayo malunga nawe (Phendula ngo X):

18.1. Ukhe utye kancinci ngenxa yokuba kungekho mali yanele ukutya?	EWE	HAYI
18.1.1. Ukuba ngu Ewe, ikhe yenzeko kwintsuku eziyi 30 ezidlulileyo?	EWE	HAYI
18.1.2. Ukuba ngu Ewe, ikhe yenzeka kahlanu okanye kaninzi kwezitsuku ziye 30 zidlulileyo?	EWE	HAYI
18.2. Kulonyaka phelileyo, ukhe waziwa ingathi awunazinto ozidingayo (izihlangu, impahla) ngoba kungekho mali yaneleyo ekhaya?	EWE	HAYI

19. Kwinyanga ezi ntandathu ezidlulileyo ukhe? (Phendula ngo X):

	Zange	Kanye	Ngama -nye Maxes -ha	Maxes -ha Manin -zi
19.1. Wawukhe wahlaselwa, wakhuthuzwa ngezixhobo ezinobungozi?				
19.2. Wawukhe wabona/weva amalunge usapho iwakho ebethana?				
19.3. Wawukhe wabona umntu edutyulwa, ehlatywa okanye esinye isixhobo esinobungozi?				
19.4. Lakhe lakhona ilungu losapho iwakho elukha lablianjwa lasiwa entolongweni okanye iathatha ngabantu bomthetho?				
19.5. Ukhe waxelelwa kaninzi ukuba awulunganga okanye awuyonto?				
19.6. Ukhe wabanjwa ngumntu ngendlela ongayithandiyo uzive ungakhululekanga?				

20. Kwimibuzo engezantsi, phendula emalunga nawe ngo X
 Kunyaka odlulileyo, ukhono umntu kowenu okhe wakhatywa, wabethwa, waqhwyatywa wabetha ngenqindi, wagrogriswa ngesixhobo (mela, ntonga, umpu), okanye wagityiselwa ngento enobungozi ezolimaza umntu omdala ohlala naye endlini?

EWE	HAYI
-----	------

Ukuba uphendule ngo Ewe, yenzeka kangaphi?

Yenzeka qho evekini 3	Yenzeka Kanye ngenyansa 2	Ubuncinci bayo yenzeka kanye nge nyanga 1	Zanga yenzeka 0

21. Phakathi konyaka odlulileyo, kukangaphi ukhe (Phendula ngo X):

	0 <u>Ngexesha</u>	1 <u>Ngexesha</u>	2 <u>Ngexesha</u>	3-4 <u>Ngexesha</u>	5 + <u>Ngexesha</u>
21.1. Waphala umlo?	0	1	2	3-4	5+
21.2. Waba evenklieni?	0	1	2	3-4	5+
21.3. Mosha okanye wazo izakhiwiwo kwindawo eziphangaleleyo?	0	1	2	3-4	5+
21.4. Waxoka kutitshala ukuqhumelela into oyenzileyo engalunganga?	0	1	2	3-4	5+

21.5. Ukhe wahlala ubusuku bonke ngaphandle kwemuume yabazai okanye umntu omdala ekhaya?	0	1	2	3-4	5+
21.6. Ukhe waxoka kumzali okanye kumntu omdala ohlala naye?	0	1	2	3-4	5+
21.7. Ukhe waqhvesha ngaphandle kwemuume?	0	1	2	3-4	5+
21.8. Ukhe walimaza umntu ngokumasakizi kwade kwafuneka unya ngo olukhawulezikye umzekelo umongikazi no gqirha?	0	1	2	3-4	5+
21.9. Ukhe waphatha umpu?	0	1	2	3-4	5+
21.10. Ukhe wabandakanyeka kwiqembu lemigulukudu otsotsi ukotsho?	0	1	2	3-4	5+
21.11. Ukhe wabanjwo?	0	1	2	3-4	5+
21.12. Ukhe wabona umntu edutyulwa okanye ehlatywa?	0	1	2	3-4	5+
21.13. Ukhe uyiphathe imela, umntu eskolweni?	0	1	2	3-4	5+
21.14. Ukhe wanqunyanyiswa eskolweni?	0	1	2	3-4	5+
21.15. Ukhe waya eskolweni emveni koba usele utywala?	0	1	2	3-4	5+
21.16. Ukhe waya eskolweni emveni koba uthathe iziyobisi?	0	1	2	3-4	5+
21.17. Ukhe wasiba isithuthu okanye imoto?	0	1	2	3-4	5+

22. Nceba ubiyele le ncazelo ilandelayo ngokuqinisekileyo ayinyaniseka kuwe inxalenye yayo ayiyo ngani, inxalenye yayo inyanisile okanye ngokuqinisekileyo inyanisile kuwe.

		Definitely <u>Not True</u>	Mostly <u>Not True</u>	Mostly <u>True</u>	Definitely <u>True</u>
22.1	Ndiziva ndikhuselekile eskolweni sam.	1	2	3	4
22.2	Ndikhuselekile kubamelwane.	1	2	3	4
22.3	Ndiziva ndikhuselekile ekhaya.	1	2	3	4

23. Nceda ukhethe impendulo enxulumene nesihlobo sakho (Phendula ndo X).

Bangaphi abahlobo bakho...

		None of <u>Them</u>	A few of <u>Them</u>	Some of <u>Them</u>	Most or <u>All of them</u>
23.1	Baphumelela ngohlobo oluhle eskolweni?	1	2	3	4
23.2	Bangaphi abahlobo bakho abatshaya rhoqo?	1	2	3	4
23.3	Bangaphi abahlobo abayeke iskolo bengagqibanga?	1	2	3	4
23.4	Go out in the evening without their parents' permission?	1	2	3	4
23.5	Drink alcohol fairly regularly?	1	2	3	4

How many of your friends...

		None of <u>Them</u>	A few of <u>Them</u>	Some of <u>Them</u>	Most or <u>All of them</u>
23.6	Use dagga, tik, or other drugs?	1	2	3	4
23.7	Have had sex?	1	2	3	4
23.8	Have been in court for a crime?	1	2	3	4
23.9	Have bunked school a lot without permission?	1	2	3	4
23.10	Have been arrested by the police?	1	2	3	4

Enkosi!

Naam: _____
Geboorte Datum: DD/MM/YYYY _____
Participant Number _____
Ouers/ guardian selfoon nommer _____
Antwoord die volgende (Sitkle alles wat toepas):

Van _____
Gender: ☐ Male ☐ Female
Graad: _____

4. Weet jy hoe om te swem? ☐ Ja ☐ Nee

5. Weet jy hoe om te surf? ☐ Ja ☐ Nee

6. In die algemeen hoe kalmeer jy jouself na iets met jou gebeur het?

☐ Aktieweiteit / sport

☐ Huil

☐ Speel

☐ Lees

☐ Praat met iemand

☐ TV

☐ Luister na musiek

☐ Bid

☐ Dwelmiddels gebruik/ alkohol

☐ Jouself seer maak

☐ Enige iets anders (se wat jy doen) _____

7. As jy nie lekker voel nie, of bang is, praat jy met iemand daaroor? ☐ Ja ☐ Nee

8. If YES, which of the following people do you go to?

☐ Vriend

☐ Familie Lid

☐ Juffrou

☐ Coach

☐ Pastoor

☐ Volwassene in jou gebied

☐ Maatskaplike werker

☐ Berader

☐ Niemand

☐ W4C peer/mentor

☐ Iemand anders (Se wie) _____

16. Please answer the following questions about yourself (mark with an X):

	None of the time	Some of the time	Most of the time	All of the time
16.1. I think I am doing pretty well.				
16.2. I can think of many ways to get the things in life that are most important to me.				
16.3. I am doing just as well as other kids my age.				
16.4. When I have a problem, I can come up with lots of ways to solve it.				
16.5. I think the things I have done in the past will help me in the future.				
16.6. Even when others want to give up, I know that I can find ways to solve the problem.				

17. Please answer the following questions about yourself (mark with an X):

	Not true	Some what true	Certainly true
17.1. I try to be nice to other people. I care about their feelings.			
17.2. I am restless, I cannot stay still for long.			
17.3. I get a lot of headaches, stomach-aches or sickness			
17.4. I usually share with others (food, games, pens etc.)			
17.5. I get very angry and often lose my temper			
17.6. I am usually on my own. I generally play alone or keep to myself			
17.7. I usually do as I am told			
17.8. I worry a lot			
17.9. I am helpful if someone is hurt, upset or feeling ill			
17.10. I am constantly fidgeting or squirming			
17.11. I have one good friend or more			
17.12. I fight a lot. I can make other people do what I want			
17.13. I am often unhappy, down-hearted or tearful			
17.14. Other people my age generally like me			
17.15. I am easily distracted, I find it difficult to concentrate			

17.16. I am nervous in new situations. I easily lose confidence			
17.17. I am kind to younger children			
17.18. I am often accused of lying or cheating			
17.19. Other children or young people pick on me or bully me			
17.20. I often volunteer to help others (parents, teachers, children)			
17.21. I think before I do things			
17.22. I take things that are not mine from home, school or elsewhere			
17.23. I get on better with adults than with people my own age			
17.24. I have many fears, I am easily scared			
17.25. I finish the work I'm doing. My attention is good			

18. Antwoord die volgende oor jouself (Skryf 'n X):

18.1. Eet jy minder as daar nie genoeg kos is nie?	JA	NIE
18.1.1. As jy 'Ja' antwoord, wat het in die afgelope 30 dae plaasgevind?	JA	NIE
18.1.2. As jy 'Ja' antwoord, wat het in die afgelope 5 dae of meer gebeur?	JA	NIE
18.2. In die afgelope jaar, het ooit gevoel dat jy nie goed soos skoene, skool goed want daar was nie genoeg geld nie?	JA	NIE

19. In die volgende ses maand, het jy ooit (Skryf 'n X):

	Nooit	Een keer	Soms	Baie keer
19.1. Was jy fiesies aangerand?				
19.2. Het jy gesien hoe mense in jou familie seer kry?				
19.3. Gesien hoe iemand met 'n geweer of 'n mes?				
19.4. Met 'n familie lit wat gearrester was en in die tronk of deur die polisie verwyder was?				
19.5. Aanhoudend gese was dat jy niksweerd was nie?				
19.6. Het iemand a voorheen in 'n manier wat jy ongemaklik was?				

20. In die vraag onder, merk die een wat van toepassing vir jou is met X
 Oor die pas jaar, het iemand in die huis geskop, byt, geklap, slaan met 'n vuig, gedrug met 'n
 vuurwapen (mes, stok, geweer), of iets gegooi wat iemand wat hier woon kon beseer?

JA	NEE
----	-----

As jou antwoord 'Ja' is, hoeveel keer het dit gebeur?

Gebeur elke week	Gebeur miskien een keer 'n maand	Gebeur minder daan een keer per maand	Gebeur nooit
3	2	1	0

21. Gedurende die afgelope jaar, hoeveel keer (Merk met X):

	0 <u>Times</u>	1 <u>Time</u>	2 <u>Times</u>	3-4 <u>Times</u>	5 or More <u>Times</u>
21.1. 'n Baklei begin?	0	1	2	3-4	5+
21.2. Iets van a winkel gesteel?	0	1	2	3-4	5+
21.3. Beskadig of graffiti op privaat einoom?	0	1	2	3-4	5+
21.4. Gelieg vir jou juffrou?	0	1	2	3-4	5+
21.5. Heel aand uit gebly sonder toestemming?	0	1	2	3-4	5+
21.6. Gelieg aan jou ouers of voeg waar jy was en met wie jy was?	0	1	2	3-4	5+

21.7. Uit die skool gebly sonder toestemming?	0	1	2	3-4	5+
21.8. Iemand fiesies beseer sodat hy deur 'n dokter of verpleegster gesien moet word?	0	1	2	3-4	5+
21.9. Dra 'n vuurwapen?	0	1	2	3-4	5+
21.10. Betrokke met bende bakleiry	0	1	2	3-4	5+
21.11. Gearrester deur die polisie?	0	1	2	3-4	5+
21.12. Gesien hoe iemand geskied was of met 'n mes gesteek was?	0	1	2	3-4	5+
21.13. Dra 'n mes of vuurwapen by die skool?	0	1	2	3-4	5+
21.14. Algeskors van die skool?	0	1	2	3-4	5+
21.15. By die skool onder die invloed?	0	1	2	3-4	5+
21.16. By die skool terwyl jy dwelms gebruik?	0	1	2	3-4	5+
21.17. Al 'n motorfiets of a motor gesteel?	0	1	2	3-4	5+

22. Omkring die volgende verklaaring wat heeltemal ontwaar vir jou is of meestal ontwaar is, meeste waar vir jou of heeltemal waar is.

		Definitely <u>Not True</u>	Mostly <u>Not True</u>	Mostly <u>True</u>	Definitely <u>True</u>
22.1	Ek voel veilig by my skool.	1	2	3	4

22.2	Ek voel veilig in my buurt.	1	2	3	4
22.3	Ek voel veilig in my huis.	1	2	3	4

23. Kies asseblief 'n voorbeeld wat van toepassing vir jou of jou vriende is (Skryf 'n X):

Hoeveel van jou vriende...		None of <u>Them</u>	A few of <u>Them</u>	Some of <u>Them</u>	Most or <u>All of them</u>
23.1	Kry goeie graade in skool?	1	2	3	4
23.2	Rook gereeld sigarette?	1	2	3	4
23.3	Al die skool verlaat voordat jy hoe skool klaar gemaak het?	1	2	3	4
23.4	Gaan uit saans sonder ouers toestemming?	1	2	3	4
23.5	Drink gereeld alkohol?	1	2	3	4

Hoeveel van jou vriende...		None of <u>Them</u>	A few of <u>Them</u>	Some of <u>Them</u>	Most or <u>All of them</u>
23.6	Gebruik tik, dagga of ander dwelms?	1	2	3	4
23.7	Het sex?	1	2	3	4
23.8	Was in die hof vir misdaad?	1	2	3	4
23.9	Have bunked school a lot without permission?	1	2	3	4
23.10	Was gereesteer deur die polisie?	1	2	3	4

Thank you for your time and effort!

Appendix B

Waves for Change Semi Structured Interview Schedule

Participants

1. Why do you come to Waves for change?
2. Tell me a bit about what it is like when you are at Waves for Change?

What are the coaches like?

What are the elders like?

And what are the other children like?
3. Would you say that you are learning new things at Waves for Change? Perhaps things about yourself even? Is there anything else that you would like to be learning?
4. Are other people perhaps treating you differently since you have been coming to Waves for Change? Can you tell me a bit more about this, e.g. your parents, teachers, siblings, friends, etc
5. Is there anything Waves for Change can do better or do differently?
6. Any thing else you would like to tell me about what it is like being at Waves for Change?

Appendix C

Dear Parent,



Your child was recently referred by a school faculty member and expressed an interest in joining the Waves for Change programme. The Waves for Change programme is a youth development & mentoring programme which aims to promote child health and healing. The programme is run by trained members of the Lavender Hill community.

By joining the Waves for Change programme, your child will have access to:

1. Weekly Surfing & Mentoring
2. A surfboard and a wetsuit
3. Snack

Waves for Change aims to help children and young adults stay in school, avoid getting involved in gangsterism and drug use and develop new skills that can help them heal and develop healthy lifestyles.

If you consent to your child being involved in the Waves for Change programme, please sign this letter for your child to return to the Waves for Change team.

When do sessions take place?

Surf sessions: Every week Tuesday-Friday from 15:00-17:00 and Saturday 12:00- 14:00 at Muizenberg Beach

Will my child be safe?

At the beach, your child will be in the care of Waves for Change coaches. Every Waves for Change coach is trained in:

1. Surf Coaching
2. Lifesaving
3. First Aid
4. Child and Youth Care work.

Who can I call for more information?

If you require any further assistance, please feel free to contact:

1. Elizabeth Benninger (Lavender Hill programme director) on 0826906210
2. Timothy Conibear (programme director) on 0793021531
3. Waves for Change also has a Whatsapp number - 0726394806 - for 24/7 support.

Thank you!

The Waves for Change Team at Lavender Hill

By signing this form I:

- Give consent for my child to attend the Waves4Change afterschool programme
- Give consent for my child to be transported weekly to Muizenberg beach to participate in the surfing programme
- Give consent for my child's photo's to be used for W4C newsletters and marketing purposes
- Understand that although all precautions will be taken to ensure the safety of my child, Waves4Change is not liable for any accident or injury which may occur during the W4C programme

Participant Name	Guardian name & signature	Date
------------------	---------------------------	------

Please include any allergies or medical/health conditions we should be aware of:

Appendix D

Professionalism as a Youth Care Worker

Professionalism requires coaches to act as part of a team!

To be part of the Waves for Change team, all coaches must:

*A. Complete tasks **on time**, to a **high standard** and **with purpose**. This means that you should do all of your work on time, as well as you can, and you should want to do it!*

1	2	3	4	5
---	---	---	---	---

*B. **Take responsibility** for their successes and failures. This means that you should try to take control of your work, and if it goes wrong, try to find places where you could have done better.*

1	2	3	4	5
---	---	---	---	---

*C. Respond in a **controlled and constructive** manner to stress and anger and work towards **problem solving**.*

1	2	3	4	5
---	---	---	---	---

How do you feel you have performed in these three areas? (On a scale from 1 to 5)

If you have fulfilled A, B and C to a standard that you would expect from a professional youth care worker, choose 5. If you have done well, but think there is room to grow, choose 4. If you mess up some of the time, but are honest about it, choose 3. If you feel you should be performing at a higher standard, or sometimes aren't sure why you have to do things or why things go wrong, then choose 2 or 1.

Professionalism requires coaches keep participants safe!

To promote safety at Waves for Change coaches must:

*A. Make sure that **all activities** and **spaces around activities** are free of things that could hurt youth.*

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
----------	----------	----------	----------	----------

*B. Watch out **constantly** for the safety of youth and **do something** to help if a youth is hurt.*

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
----------	----------	----------	----------	----------

*C. Discipline in **private** and with **dignity** (using 'I' statements and not 'you' statements).*

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
----------	----------	----------	----------	----------

How do you feel you have performed in these three areas? (On a scale from 1 to 5)

If you have fulfilled A, B and C to a standard that you would expect from a professional youth care worker, choose 5. If you have done well, but think there is room to grow, choose 4. If you mess up some of the time, but are honest about it, choose 3. If you feel you should be performing at a higher standard, or sometimes aren't sure why you have to do things or why things go wrong, then choose 2 or 1.

Strength-building as a Youth Care Worker

Strength-building requires coaches to understand and apply basic child and adolescent development principles!

To apply these principles at Waves for Change, coaches must:

*A. Nurture a sense of **optimism** and **hope** in the future. This means that coaches build a belief that good things can happen in the lives of youth.*

1	2	3	4	5
---	---	---	---	---

*B. Encourage and praise **self-directed** and personal **responsibility for choices** and provide **multiple opportunities** for youth to attempt new things and succeed!*

1	2	3	4	5
---	---	---	---	---

*C. Focus on **identifying, celebrating** and **building the strengths** of youth.*

1	2	3	4	5
---	---	---	---	---

How do you feel you have performed in these three areas? (On a scale from 1 to 5)

If you have fulfilled A, B and C to a standard that you would expect from a professional youth care worker, choose 5. If you have done well, but think there is room to grow, choose 4. If you mess up some of the time, but are honest about it, choose 3. If you feel you should be performing at a higher standard, or sometimes aren't sure why you have to do things or why things go wrong, then choose 2 or 1.

Strength building requires coaches to be conscious of age appropriate and culturally appropriate behaviour!

To ensure that Waves for Change is both age and culturally appropriate, coaches must:

*A. Support **mistakes as opportunities for learning** and **reinforce safe risk-taking**. This allows youth to develop confidence by trying good new things.*

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
----------	----------	----------	----------	----------

*B. Encourage youth to **set goals** and **reflect** on the process of completing activities. This allows youth to learn from the activities that they do.*

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
----------	----------	----------	----------	----------

*C. Make **appropriate challenges** to stereotyping or discrimination, and **teach respect** for each youth's culture, religion, language, and family beliefs.*

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
----------	----------	----------	----------	----------

How do you feel you have performed in these three areas? (On a scale from 1 to 5)

If you have fulfilled A, B and C to a standard that you would expect from a professional youth care worker, choose 5. If you have done well, but think there is room to grow, choose 4. If you mess up some of the time, but are honest about it, choose 3. If you feel you should be performing at a higher standard, or sometimes aren't sure why you have to do things or why things go wrong, then choose 2 or 1.

Interaction as a Youth Care Worker

Interacting with youth and the community requires coaches to develop positive relationships and foster connectedness between youth and families!

To ensure that Waves for Change builds relationships with youth and families, coaches must:

A. Engage in **active listening** while youth are speaking: keep focused on the speaker, eyes attentive, and gestures appropriate, and **responds positively** to the range of youths' feelings, temperaments and emotions.

1	2	3	4	5
---	---	---	---	---

B. Help youth make **informed** and **responsible decisions**, and encourage youth to **build positive peer relationships** (fosters connectedness).

1	2	3	4	5
---	---	---	---	---

C. **Communicate to families** about individual youths' **strengths**, **successes** and **achievements** (during home visits).

1	2	3	4	5
---	---	---	---	---

How do you feel you have performed in these three areas? (On a scale from 1 to 5)

If you have fulfilled A, B and C to a standard that you would expect from a professional youth care worker, choose 5. If you have done well, but think there is room to grow, choose 4. If you mess up some of the time, but are honest about it, choose 3. If you feel you should be performing at a higher standard, or sometimes aren't sure why you have to do things or why things go wrong, then choose 2 or 1.

Appendix E

Active Group		Month:	Primary Group 1					
8 Pax		Date:	Date:		Date:		Date:	
Reg. No	Name	Surname	Tue	Thu	Tue	Thu	Tue	Thu
Mas 032								
Mas 033								
Mas 034								
Mas 035								
Mas 038								
Mas 039								
Mas 040								
Mas 043								



UNIVERSITY OF CAPE TOWN
FACULTY OF COMMERCE
 Igniting Knowledge and Opportunity



Application Form

Any individual in the Faculty of Commerce at the University of Cape Town undertaking any research that involves the use of human subjects, or research that may hold ethical consequences for the University of Cape Town, is required to complete this form. The completed form should be submitted to departmental Ethics Committee representatives for submission to the Commerce Faculty Ethics in Research Committee

1. PROJECT DETAILS

Project title: A Formative Evaluation of the Waves for Change Surf Therapy Programme.

Principal Researcher/s:

Matthew James
 Timothy Lindsay
 Snelling

Email address(es):

mjtlsnelling@gmail.com

Research Supervisor:

Associate Professor
 Emeritus Andrew
 Dawes

Email address(es):

adkinloch1@gmail.com

Co-researcher(s):

Email address(es):

Brief description of the project: This project is a formative evaluation of the Waves for Change Surf Therapy Programme. The project will evaluate both fidelity and impact, in order to determine whether the Waves for Change Surf Therapy

Programme increases psychosocial wellbeing in at-risk children and adolescents. This determination will be used to provide feedback to Waves for Change in order to improve the programme.

Data collection: (please select)

☐ Interviews ☐ Questionnaire ☐ Experiment ☒ Secondary data ☐ Observation

☐ Other (please specify): _____

Procedure: (please describe)

The Waves for Change programme was assessed for evaluability and lacked suitable data for a process and impact evaluation. The evaluator worked with Waves for Change to design a randomised controlled trial to meet data requirements. Recommendations were made for sample selection and the production of a battery of measures. This battery includes the Traumatic Events Screening Inventory for Children, the Strengths and Difficulties Questionnaire, the Hope Scale, and scales from the Social and Health Assessment. This battery was translated into isiXhosa and Afrikaans, and reviewed by an expert. Waves for Change then used this battery at schools in Masiphumelela, Khayelitsha, and Lavender Hill. The evaluator assisted with the random assignment of participants to a beneficiary group and a wait-list control group. Data collection will be repeated by the programme in August of 2015. Monitoring data will be provided, including weekly attendance and interview data. Weekly interviews will be conducted by a qualified and experienced interviewer who works for Waves for Change.

Have you attached a research proposal OR a literature review with research methodology? (please select)

☒ Yes ☐ No

2. PARTICIPANTS

Characteristics of participants:

Gender: Male and female.
Race / Ethnicity: Black and Coloured.
Age range: 8 years old to 16 years old
Location: Masiphumelela, Khayelitsha and Lavender Hill
Other: All children referred due to behavioural difficulties – population deemed to be at-risk of social exclusion.

Race / Ethnicity:

Are you asking a question about race in your questionnaire?

☐ Yes ☐ No ☒ Not applicable

If no, please justify.

Secondary data. Racial data is not gathered by the programme.

Affiliations of participants: (please select)

☐ Company employees ☐ Hospital employees ☐ General public ☐ Military staff ☐ Farm workers ☐ Students
☒ Other (please specify): Members of the Waves for Change Surf Therapy programme

If your sample includes children (aged 15 and below), mentally incompetent persons, or legally restricted groups please explain below why it is necessary to use these particular groups:

Not applicable. I am not working directly with any children or adolescents, nor am I delivering any instruments to children or adolescents.

3. ORGANISATIONAL PERMISSION

If your research is being conducted within a specific organisation, please state how organisational permission has been/will be obtained:

A permission letter has been signed by Waves for Change, permitting the use of Waves for Change data for the purposes of the evaluation. This letter is attached as an appendix to the attached proposal.

Have you attached the letter from the organisation granting permission? (please select)

☒ Yes ☐ No, but this **will be** obtained before commencing the research ☐ Not applicable

Are you making use of UCT students as respondents for your research? (please select)

☐ Yes ☒ No

If yes, have you contacted Executive Director: Student Affairs for permission? (please select)

☐ Yes ☐ No

Was approval granted? (please select)

☐ Yes ☐ No ☐ Awaiting a response

Are you making use of UCT staff as respondents for your research? (please select)

☐ Yes ☒ No

If yes, have you contacted Executive Director: Human Resources for permission? (please select)

☐ Yes ☐ No

Was approval granted? (please select)

☐ Yes ☐ No ☐ Awaiting a response

Contact Emails: Executive Director: Human Resources (Miriam.Hoosain@uct.ac.za)
Executive Director: Student Affairs (Moonira.Khan@uct.ac.za)

4. INFORMED CONSENT

What type of consent will be obtained from study participants?

☐ Oral Consent

☒ Written Consent

☐ Anonymous survey questionnaire (covering letter required, no consent form needed)

☐ Other (please specify)

How and where will consent/permission be recorded?

Consent is given by the programme for the use of secondary data (this is attached).

If subjects are minors or mentally incompetent, please describe how and by whom permission will be granted?

The Waves for Change programme provides a consent form to all of its participants. Participants must take this consent form home and have it signed by a parent or guardian. This form is then returned to the programme before participants are allowed to begin participation.

The programme then gives me permission to use secondary data, gathered from these participants.

5. CONFIDENTIALITY OF DATA

What precautions will be taken to safeguard identifiable records of individuals? Please describe specific procedures to be used to provide confidentiality of data by you and others, in both the short and long run. This question also applies if you are using secondary sources of data.

All secondary data provided by Waves for Change is currently stored on an encrypted and password protected database. Only select members of programme management have access to this data. All identifying information is separated from the data and a participant identification number is added before the evaluator is given access to it. The data is kept on a password protected computer while in use by the evaluator.

6. RISK TO PARTICIPANTS

Does the proposed research pose any physical, psychological, social, legal, economic, or other risks to study participants you can foresee, both immediate and long range? (please select)

☐ Yes ☒ No

If yes, answer the following questions:

1. Describe in detail the nature and extent of the risk and provide the rationale for the necessity of such risks
2. Outline any alternative approaches that were or will be considered and why alternatives may not be feasible in the study
3. Outline whether and why you feel that the value of information to be gained outweighs the risks

1.

2.

3.

What authorship agreement have you reached with your co-researchers or supervisor?

☐ This research is not intended for publication

☒ Standard authorship agreement (principal researcher first author, co-researcher(s) and supervisor(s) co-authors)

☐ Customised agreement (please specify below):

I certify that we have read the the UCT Authorship Policy, and Commerce Faculty Authorship Guidelines ☒ (<http://www.commerce.uct.ac.za/Commerce/Information/research.asp>)

I certify that that the material contained herein is truthful and that all co-researchers and supervisors are ☒ **aware of the contents thereof.**


I understand that it is my responsibility to conduct research in accordance with the ethical requirements of ☒ **UCT.**

Signed by candidate Signature Removed

Applicant's signature:

Date:02/06/2015

CHECKLIST	SELECT
A full copy of a research proposal or a literature review with methodology is attached	<input checked="" type="checkbox"/>

Interview schedules / cover letters / questionnaires / forms and other materials used in the study are attached	<input checked="" type="checkbox"/>
Organisational consent letter / UCT student or staff approval letter	<input checked="" type="checkbox"/>
<p>On your cover letter to your questionnaire have you included the following?</p> <p>1. The following UCT Logo </p> <p>2. A sentence explaining the aim of the research</p> <p>3. Sentences of a similar nature to below must be included in the cover letter or consent form:</p> <p>This research has been approved by the Commerce Faculty Ethics in Research Committee.</p> <p>Your participation in this research is voluntary. You can choose to withdraw from the research at any time.</p> <p>The questionnaire will take approximately X minutes to complete</p> <p>You will not be requested to supply any identifiable information, ensuring anonymity of your responses.</p> <p>Due to the nature of the study you will need to provide the researchers with some form of identifiable information however, all responses will be confidential and used for the purposes of this research only.</p> <p>Should you have any questions regarding the research please feel free to contact the researcher (insert contact details).</p> <p>4. Have you scanned in your signature for the last section of the form?</p>	<p>NA <input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>OR</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

For Ethics committee representative only

Recommendation(s): Recommended for approval, researcher is using secondary data.

Signature: Signature Removed

Date: 04 June 2015

For Ethics committee chairperson only

Recommendation:

Signature:

Date:

UNIVERSITY OF CAPE TOWN



School of Management Studies

University of Cape Town, Private Bag,

Rondebosch 7701

Telephone: +27 21 650-5218

Fax: +27 21 689-7570

8 February 2015

TO WHOM IT MAY CONCERN

Thank you very much for your willingness to enable one of our Master's students to work with a programme from your organization. I appreciate your contribution to the education of our students.

The student will need programme information from you and we request that you or a designated person meet with them regularly to provide access to this information. Your cooperation in this regard will ensure that the student meets deadlines and provides you with a high quality evaluation. In order to keep track of the student's interactions with your organization, we request that you copy the supervisor on all correspondence to the student.

Please note that our students are required to work within the ethical framework of the Faculty of Commerce when collecting information from programme documents or programme recipients. This framework deals with anonymity of data sources, sensitivity when requesting information from people and responsible reporting of results.

We also undertake and ensure you that the student will display professional behaviour at all times while working in your organization or on your programme. At the end of the process, you will receive a useful report which will enable you to make informed decisions regarding your programme.

In order to comply with the rules of the Faculty of Commerce, we request you to sign below to indicate that the student will have access to programme data and records and where applicable, to programme recipients.

Thank you very much.

Yours sincerely

PROF J LOUW-POTGIETER
CONVENER: MPHIL PROGRAMME EVALUATION

AGREEMENT TO ACCESS PROGRAMME RECORDS AND/OR RECIPIENTS:

AUTHORISED PERSON

ORGANISATION

DATE

Signed

Appendix G

The following scale is to be completed by a **teacher**. **Circle** if the statement is TRUE about the child or FALSE about the child.

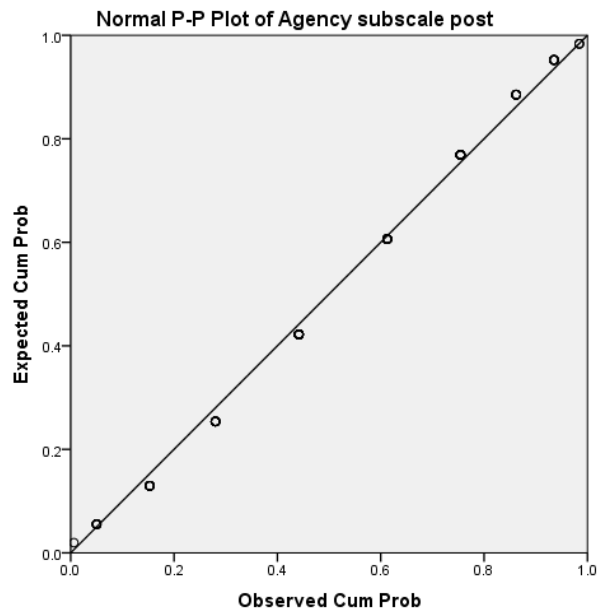
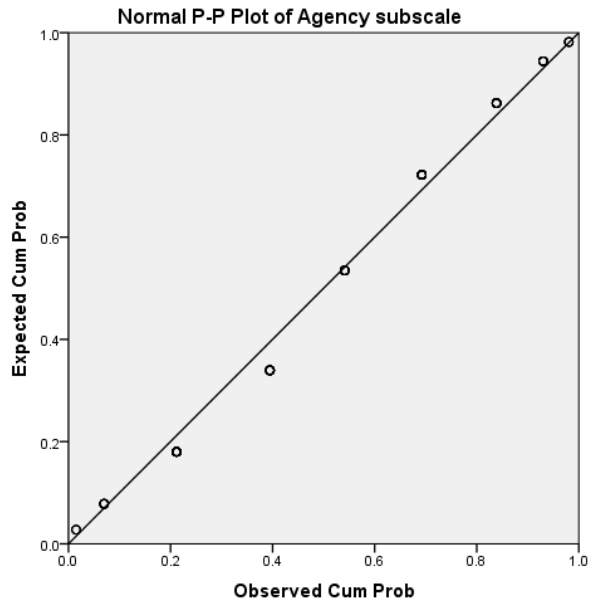
Teacher Name:

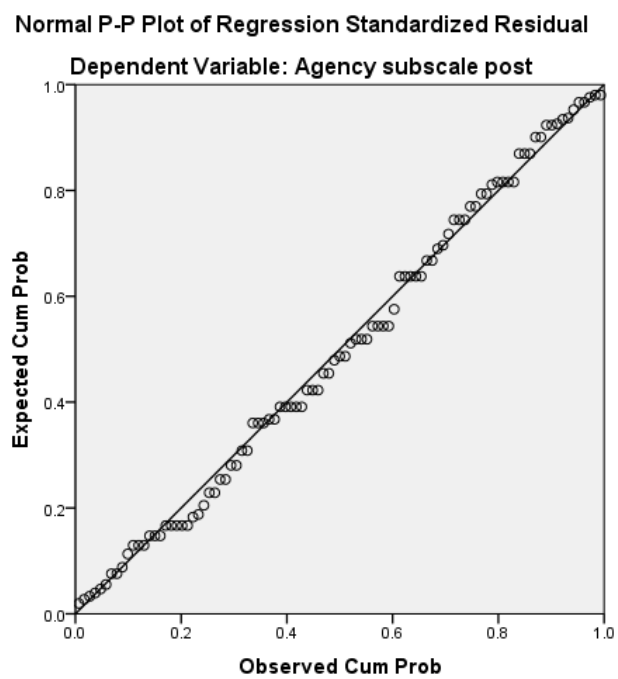
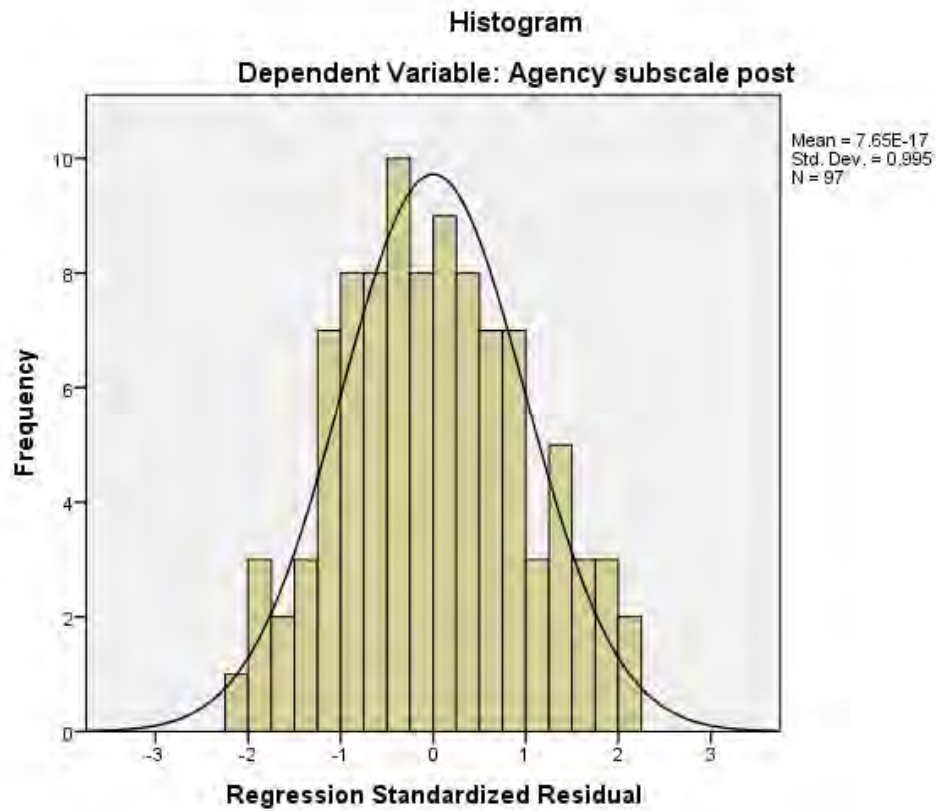
Beneficiary Number:

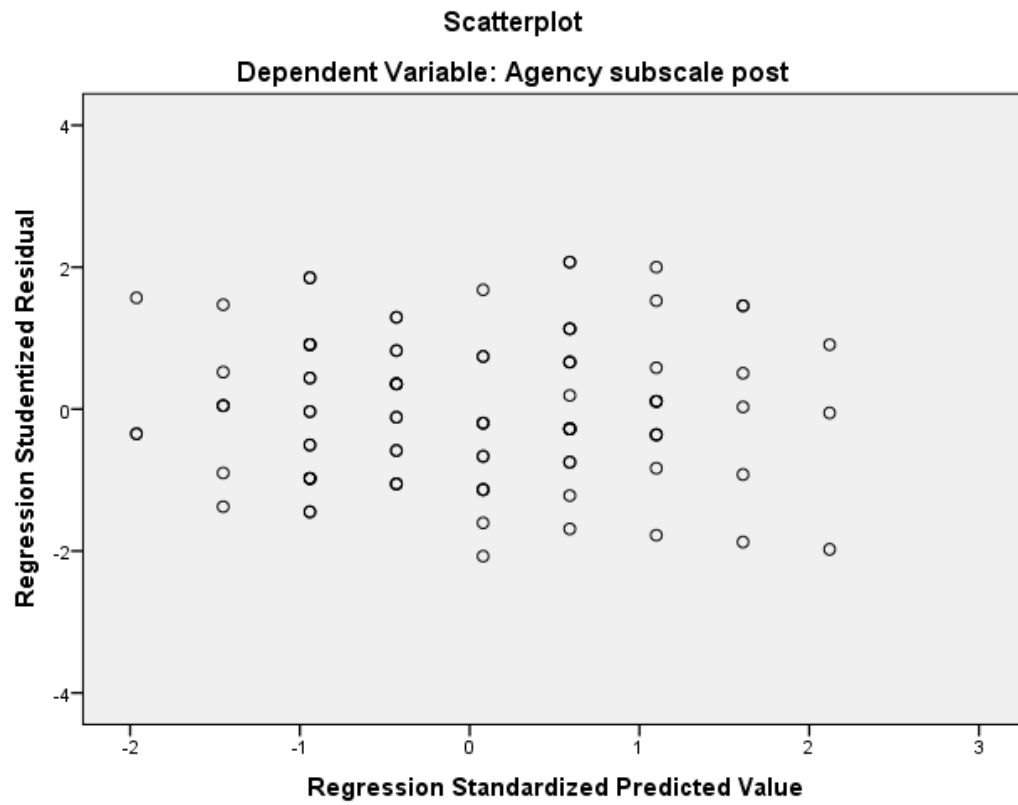
Social Behaviour Questionnaire (SBQ) Prosocial Behaviour Subscale Items <u>TEACHER</u> Report (Cote' et al, 2002)	
1) If there is a quarrel or dispute (child) will try to stop it	TRUE/FALSE
2) Will invite bystanders to join in a game	TRUE/FALSE
3) Will try to help someone who has been hurt	TRUE/FALSE
4) Spontaneously helps to pick up objects which another child has dropped (e.g. pencils, books, etc.)	TRUE/FALSE
5) Takes the opportunity to praise the work of less able children	TRUE/FALSE
6) Shows sympathy to someone who has made a mistake	TRUE/FALSE
7) Offers to help other children who are having difficulty with a task in the classroom	TRUE/FALSE
8) Helps other children who are feeling sick	TRUE/FALSE
9) Comforts a child who is crying or upset	TRUE/FALSE
10) Volunteers to help clear up a mess someone else has made	TRUE/FALSE
11) If there is a quarrel or dispute (child) will try to stop it	TRUE/FALSE

Appendix H

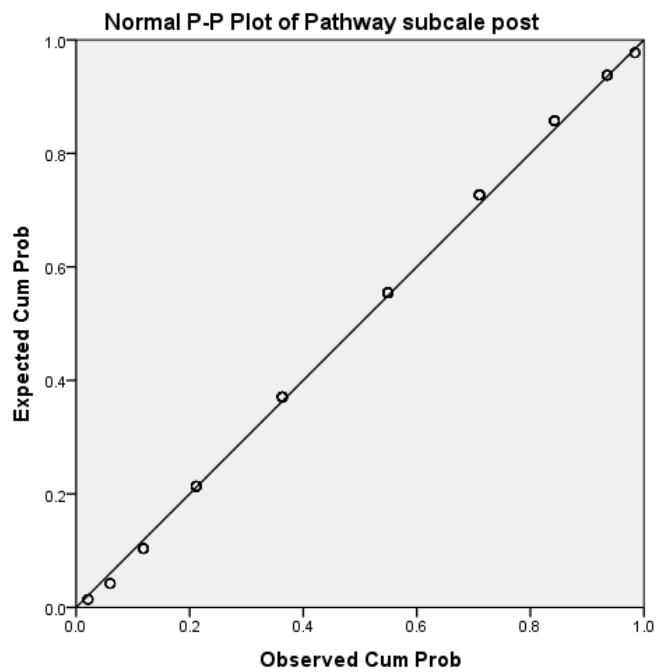
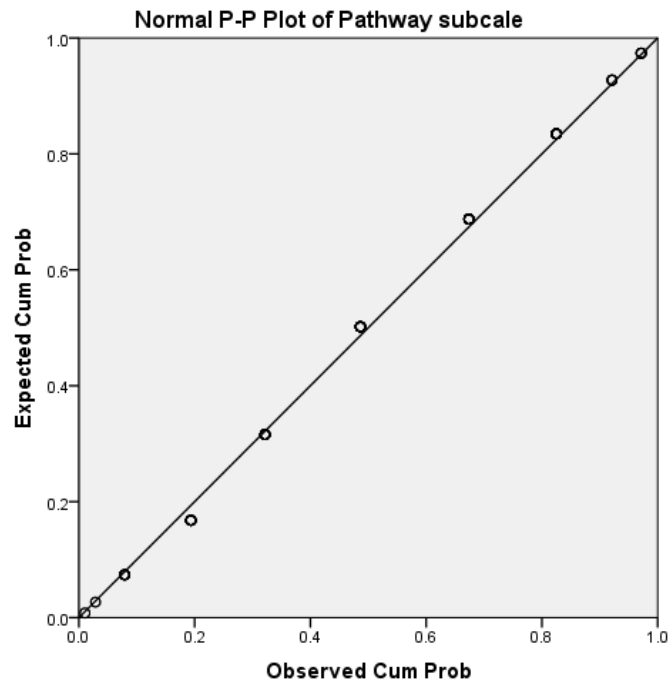
Outcome Question 1: Agency Subscale

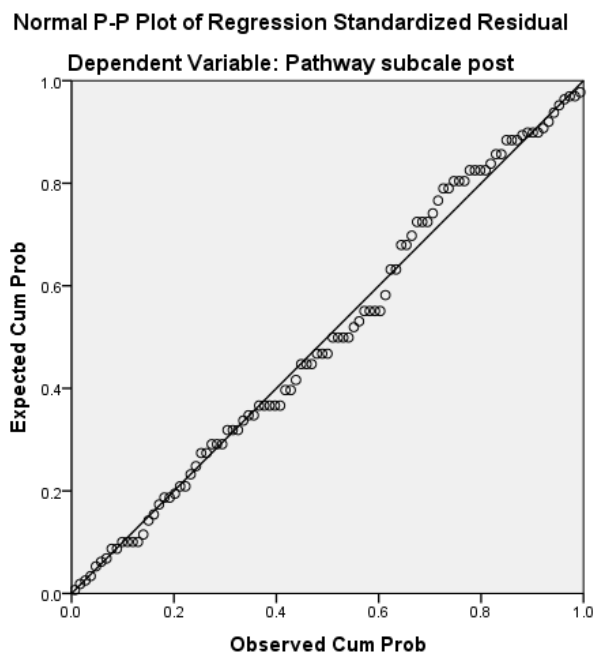
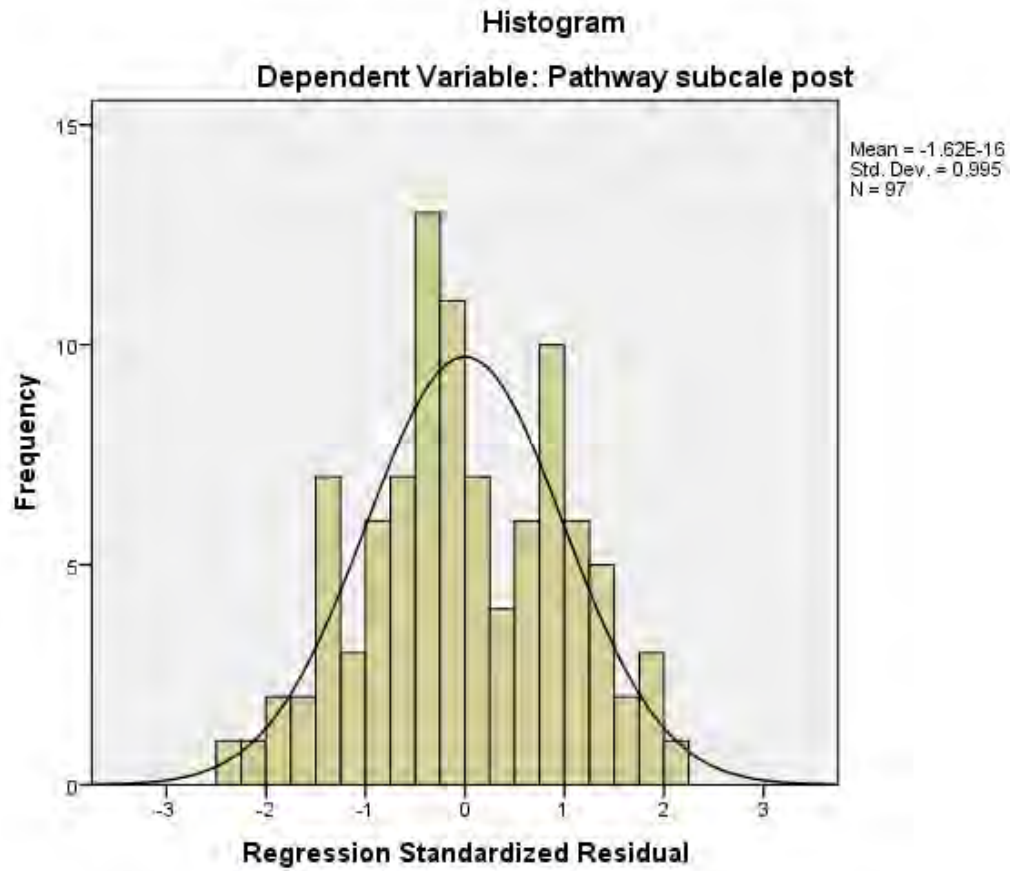


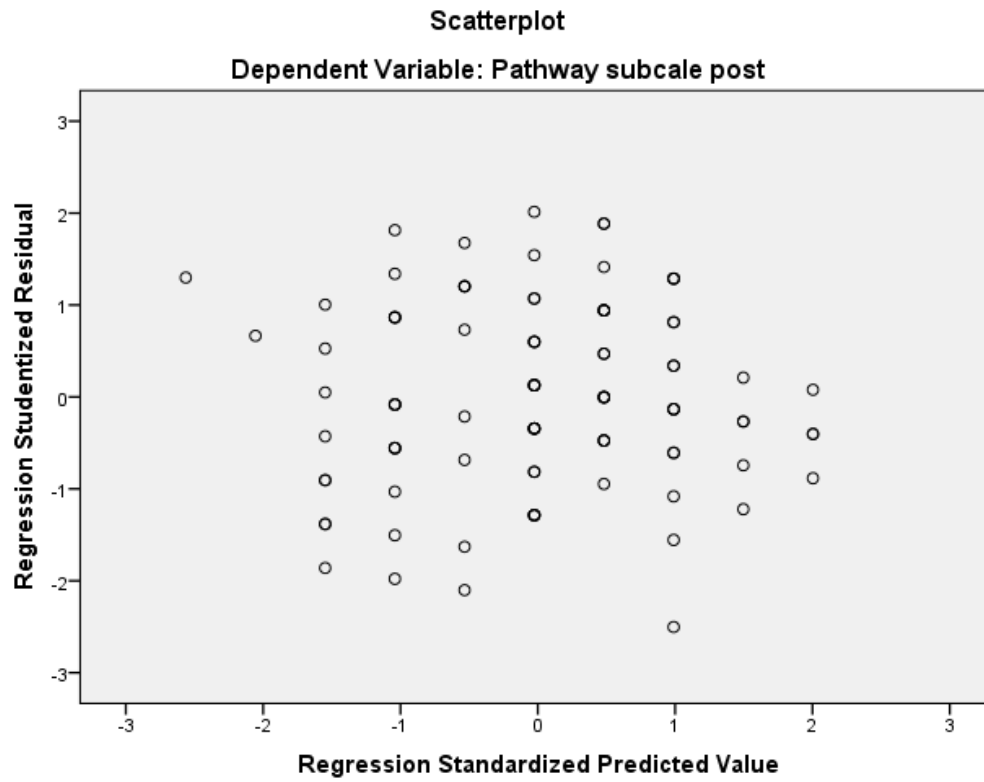




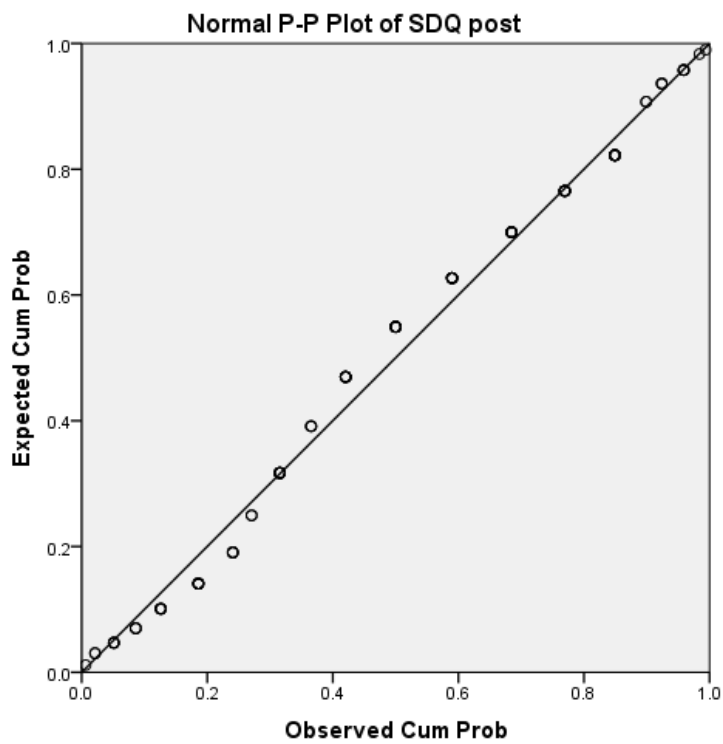
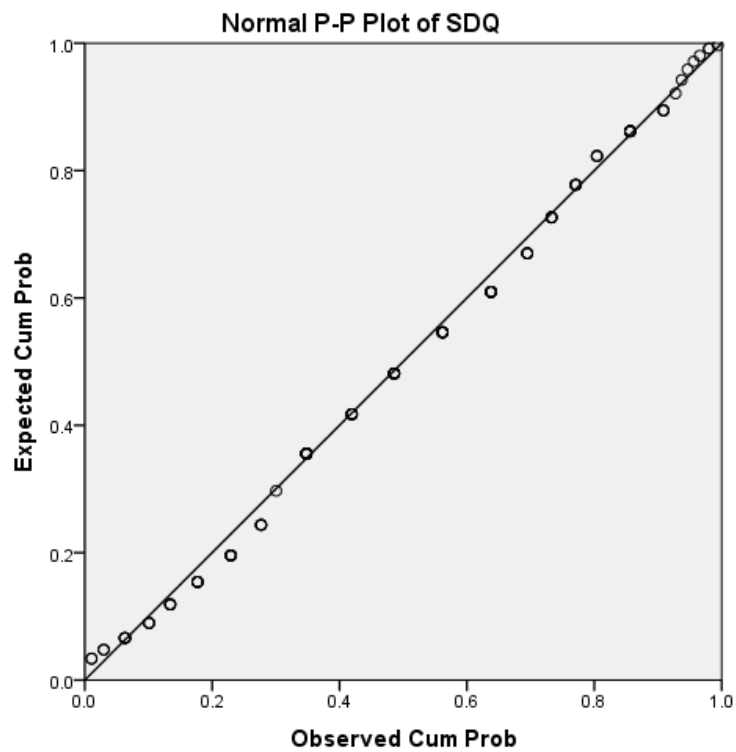
Outcome Question 1: Pathway Subscale

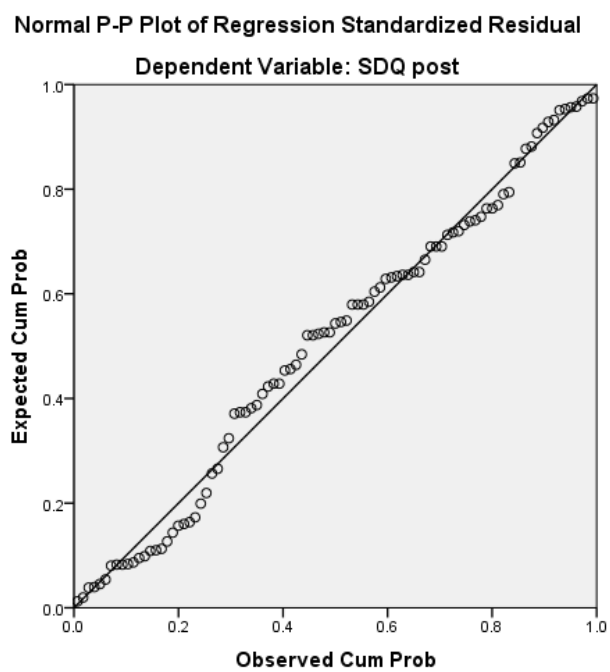
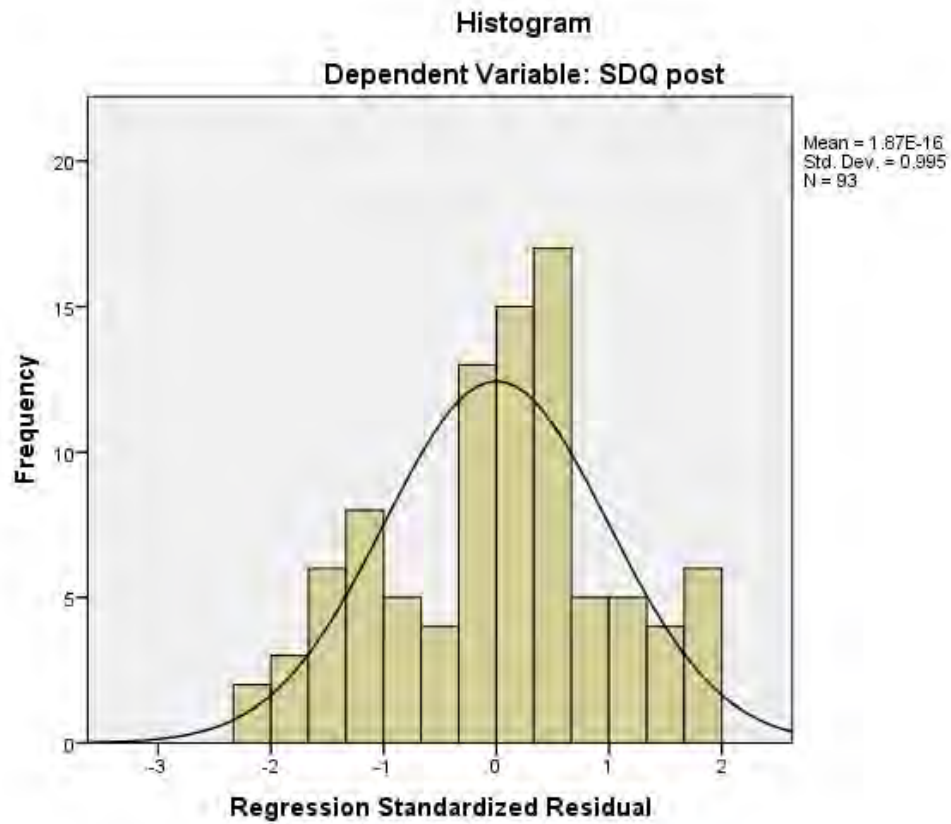


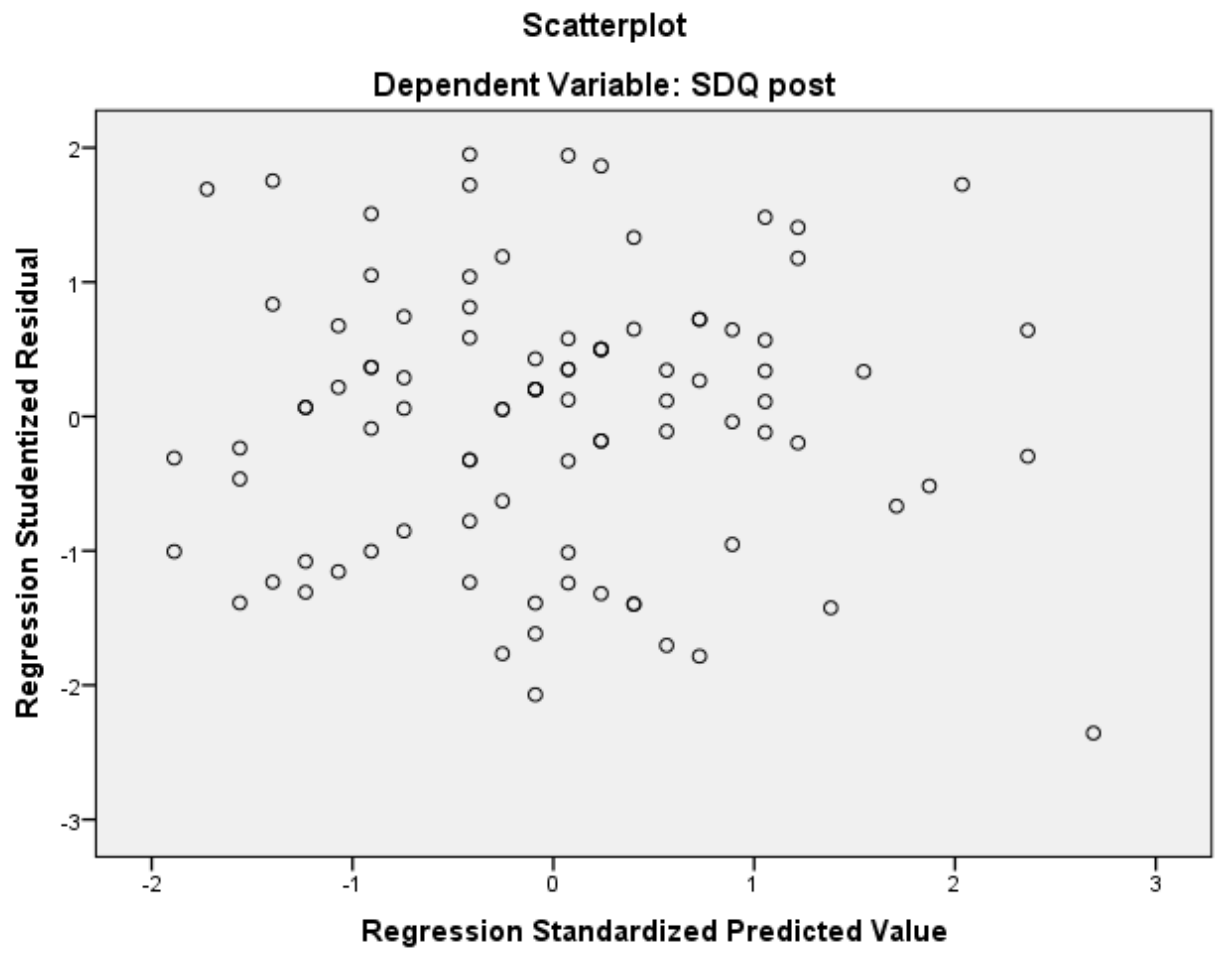




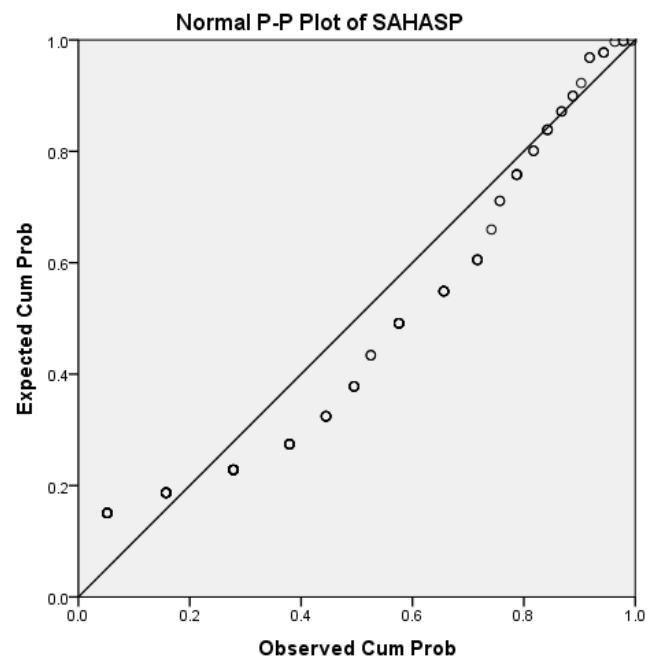
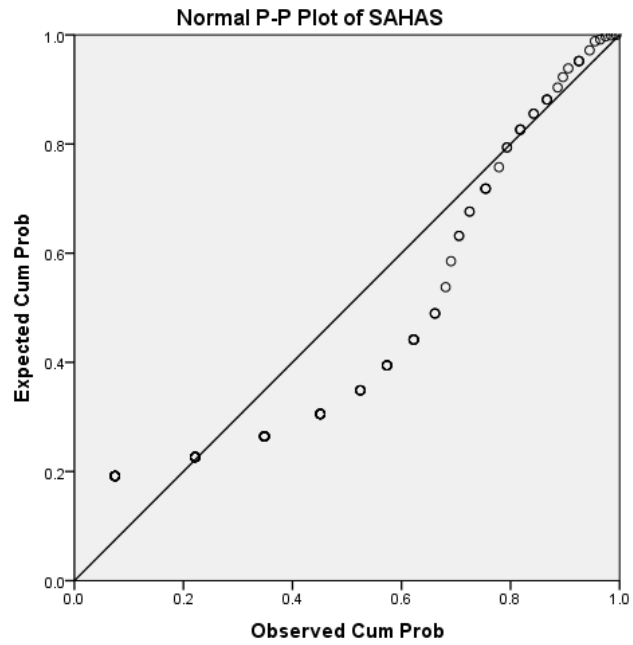
Outcome Question 1: Strength and Difficulties

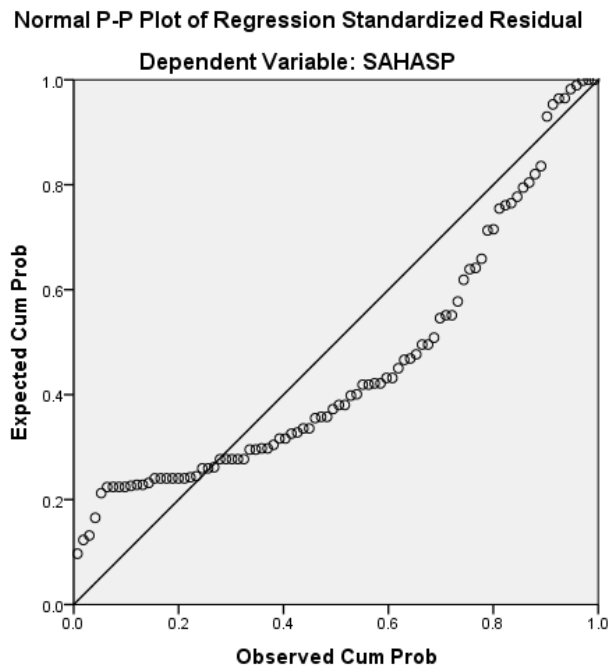
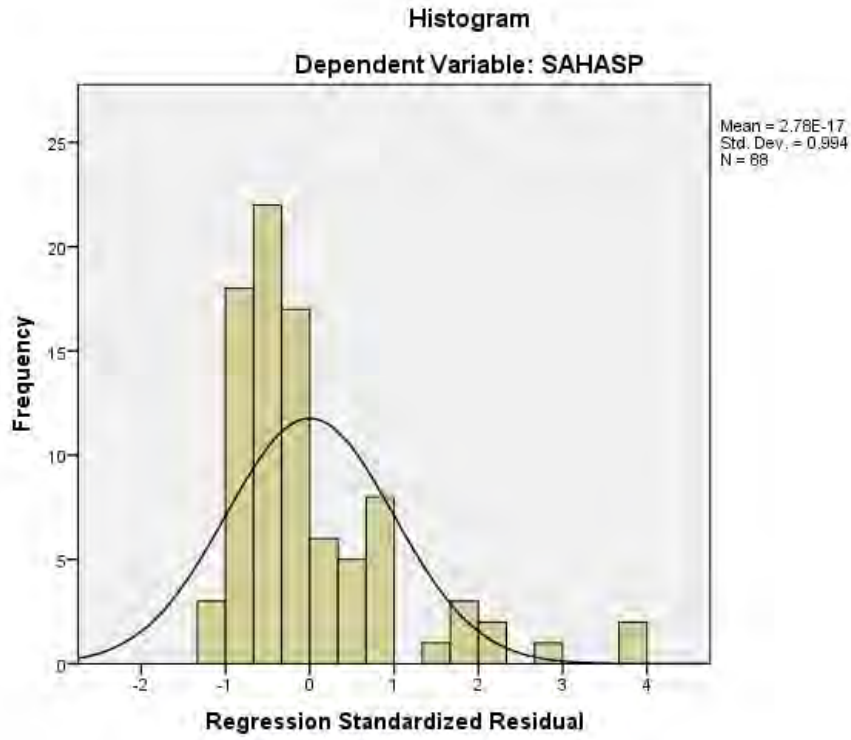


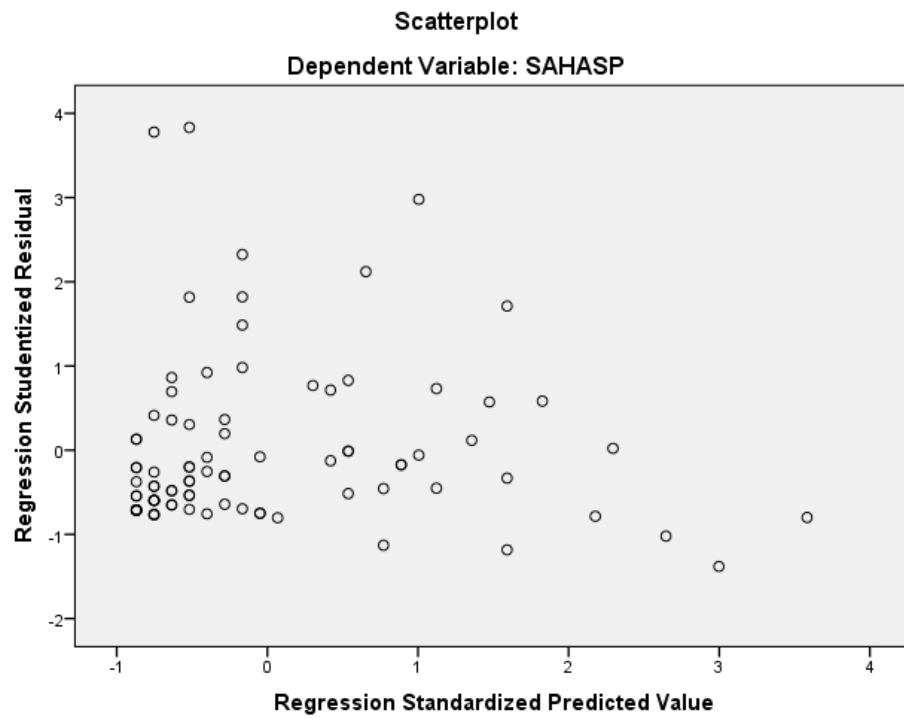




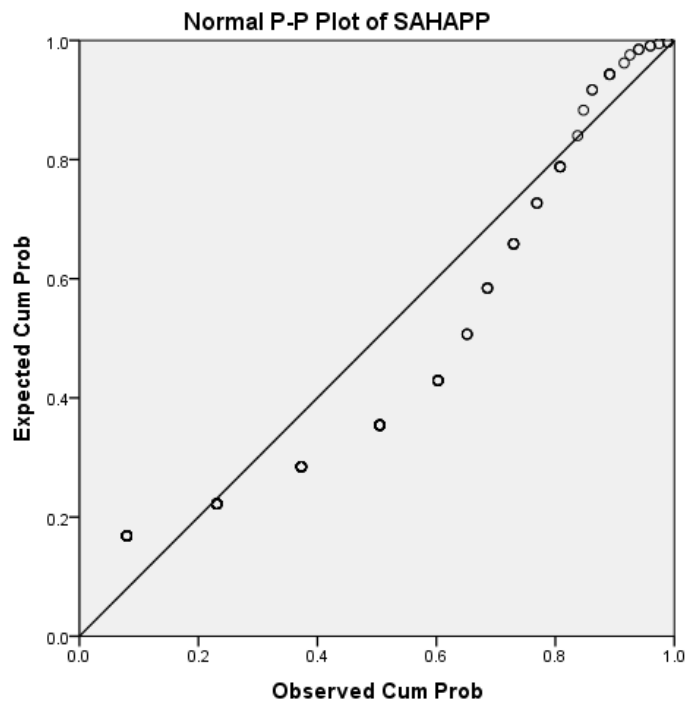
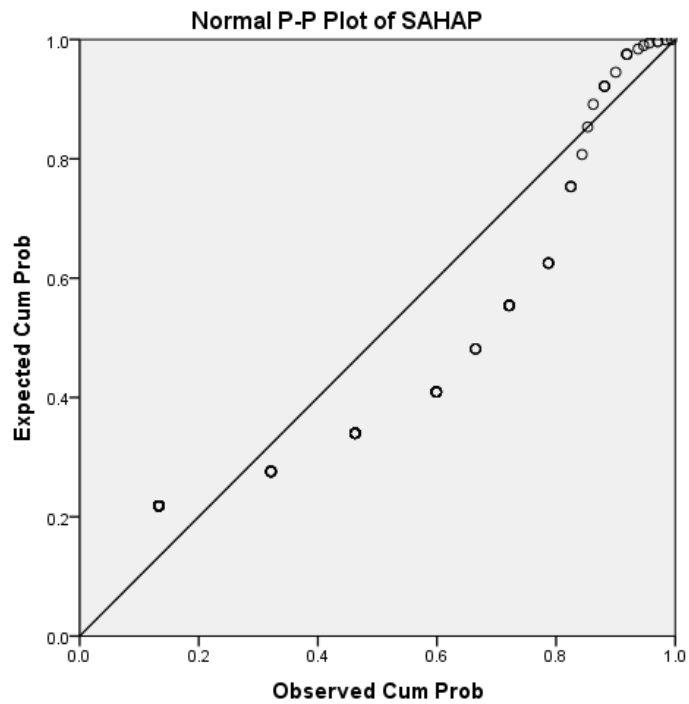
Outcome Question 2: SAHA Antisocial Behaviour

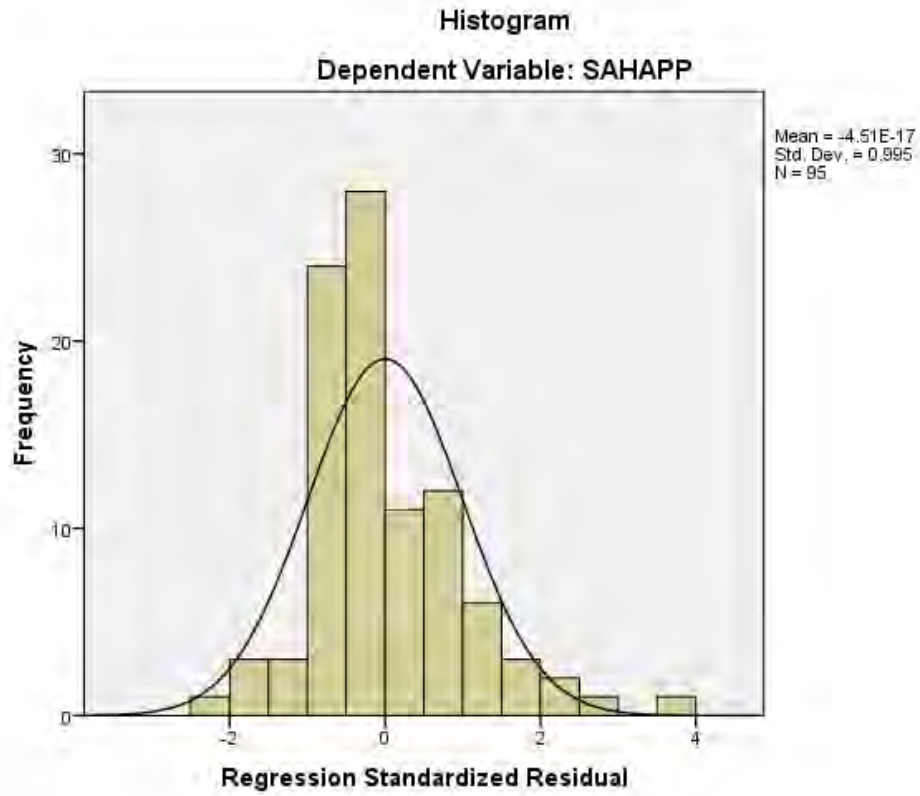




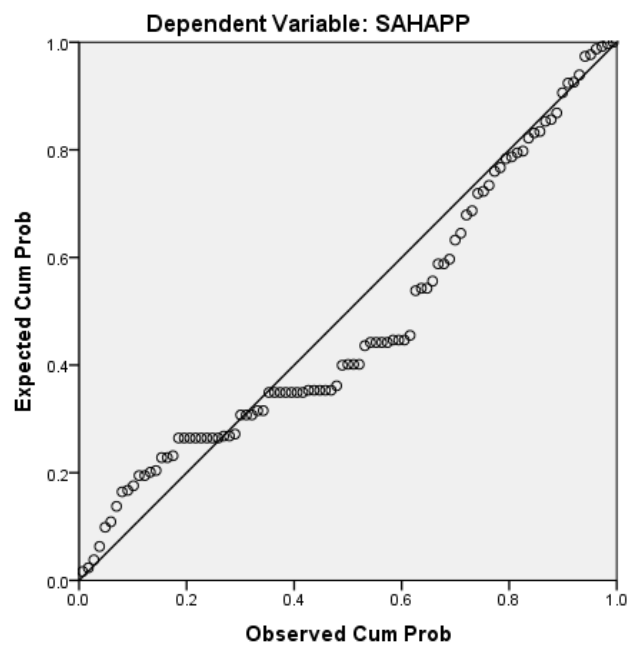


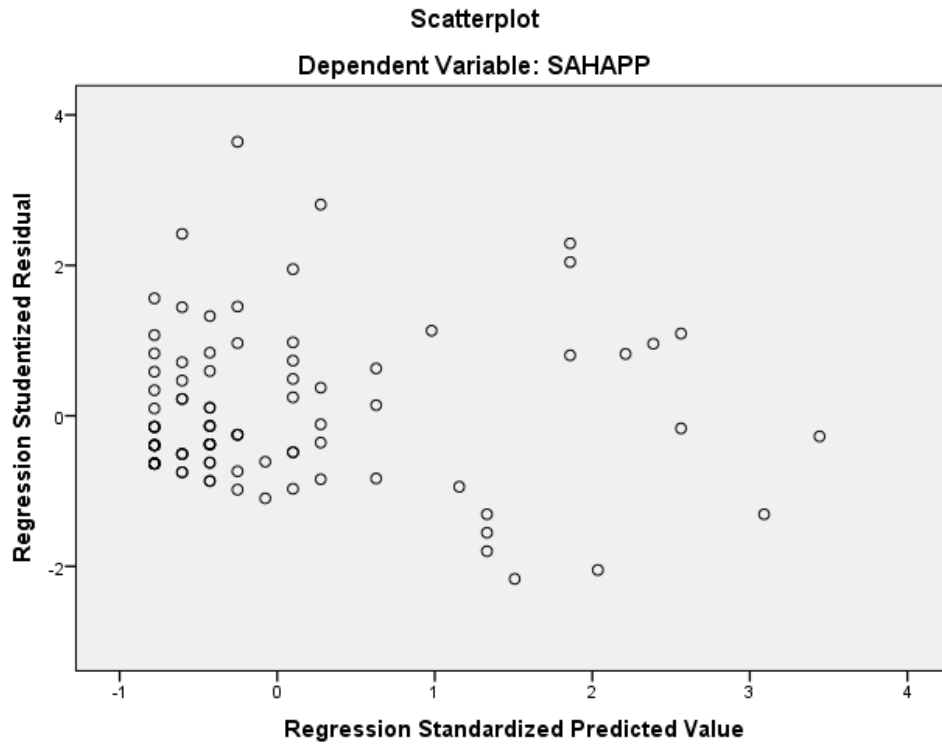
Outcome Question 2: SAHA Association with Antisocial Peers



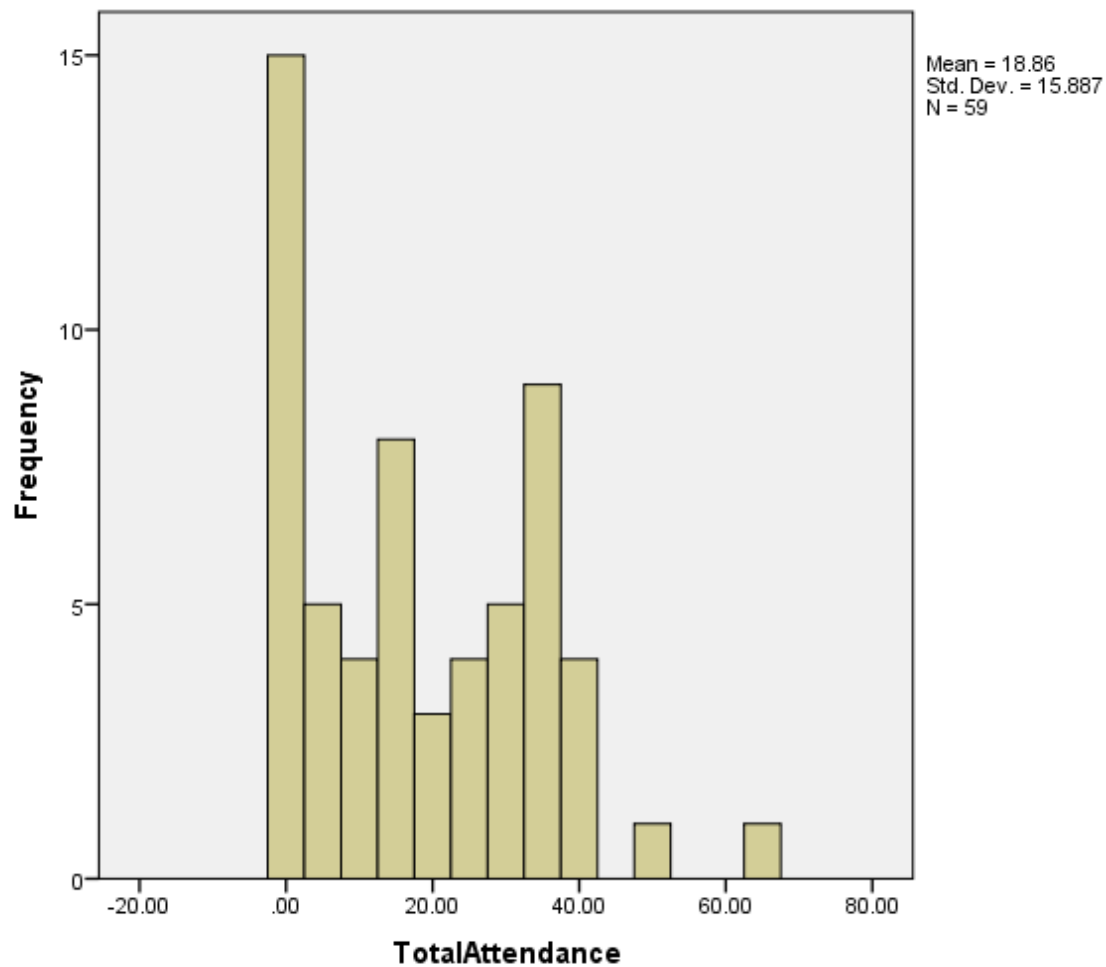


Normal P-P Plot of Regression Standardized Residual





Process Questions: Attendance



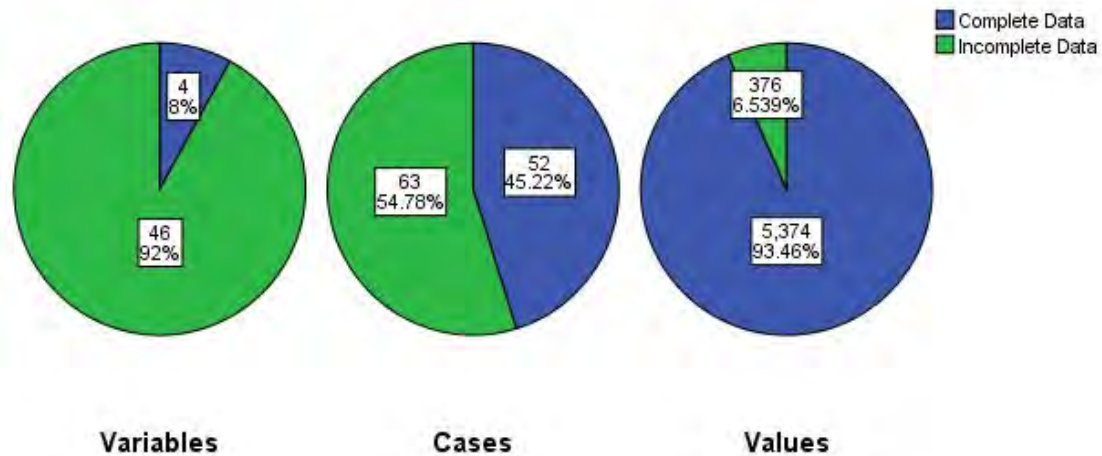
Summary of Approach to Managing Assumptions

The variables in outcome question 2, and process questions concerned with attendance, were not sufficiently normally distributed.

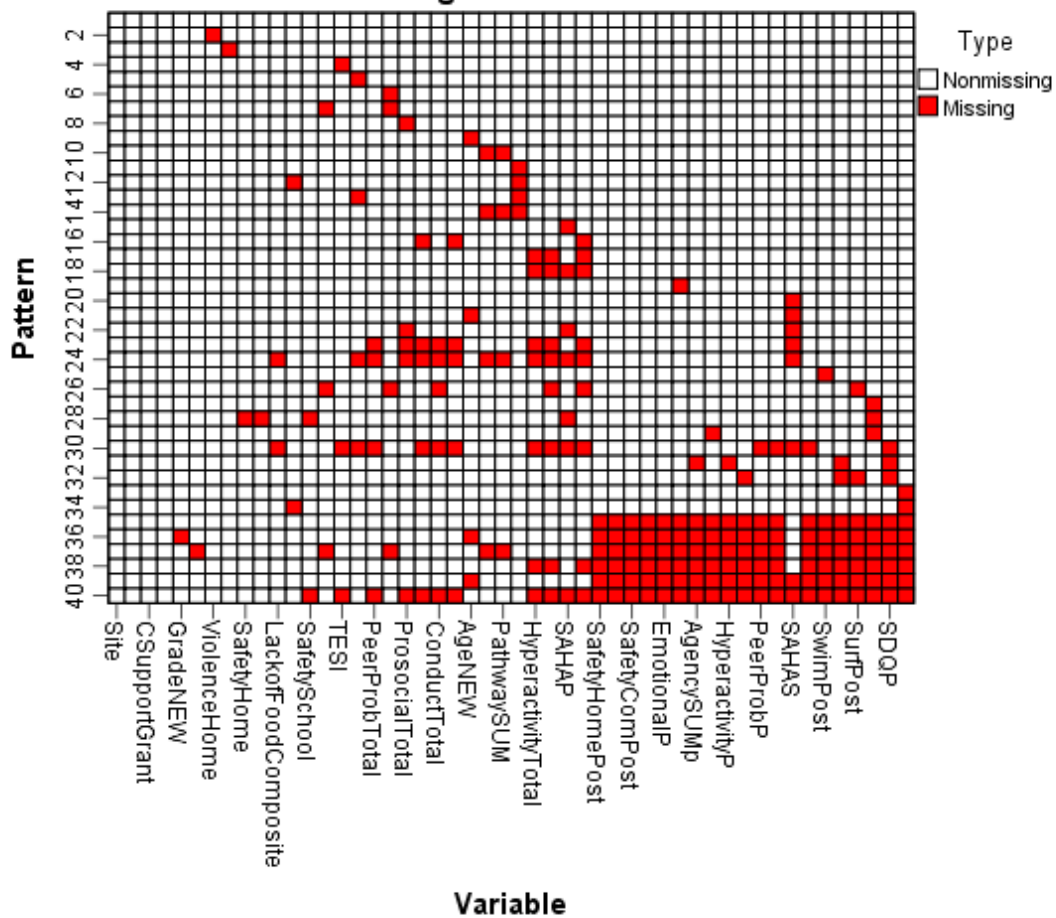
Bootstrapped bias-corrected and accelerated confidence intervals were used as a robust method of interpreting all statistical analyses in the evaluation. Where bootstrapped confidence intervals were not available, this is stated, and it is recommended that these results be interpreted with some caution.

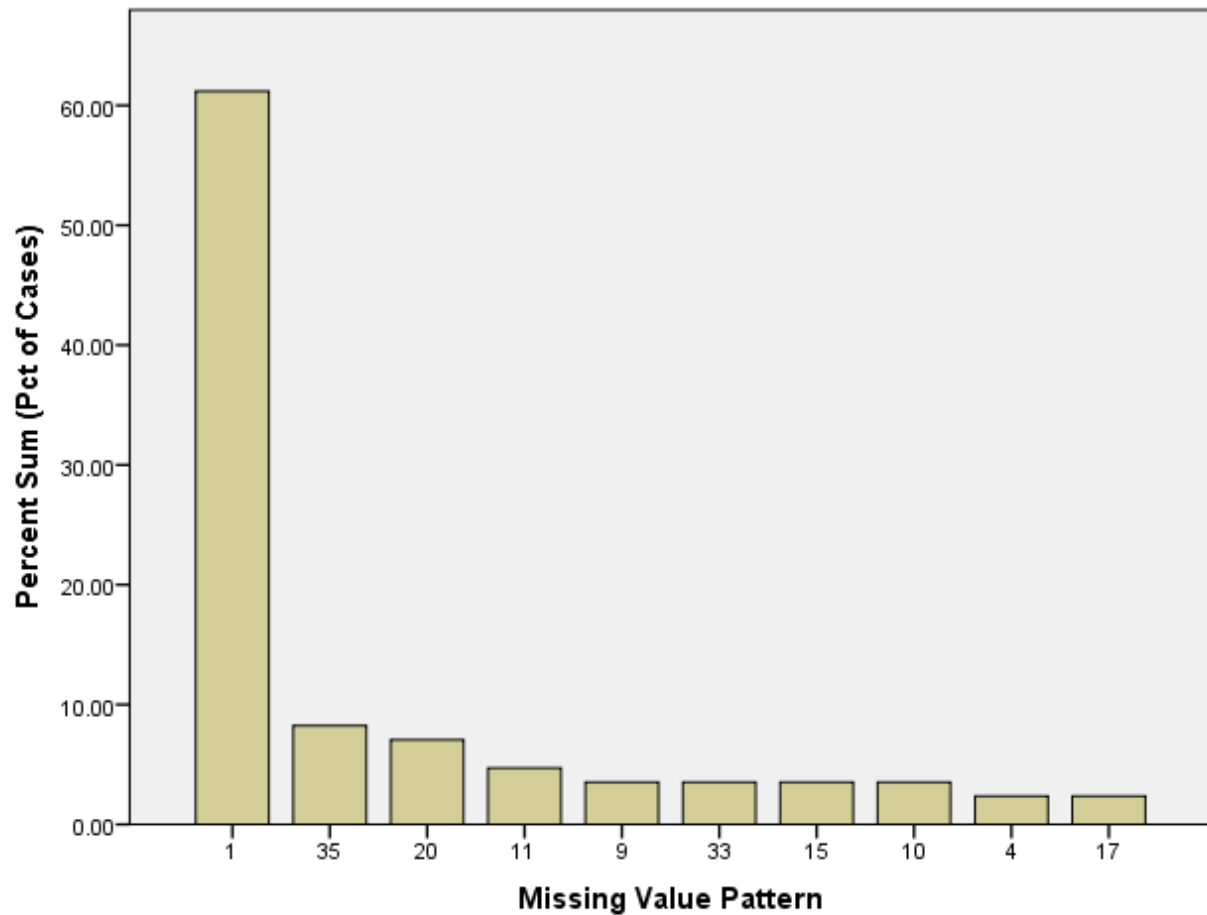
Multiple Imputation Checks, Method, and Iterations

Overall Summary of Missing Values



Missing Value Patterns





The 10 most frequently occurring patterns are shown in the chart.

Imputation Specifications

Imputation Method	Automatic
Number of Imputations	5
Model for Scale Variables	Linear Regression
Interactions Included in Models	(none)
Maximum Percentage of Missing Values	100.0%
Maximum Number of Parameters in Imputation Model	100